



Medicaid Prior Auth (PA) Code Matrix

Effective Q4, 2022

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL

We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

This Matrix is for Out-Patient services.

All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law.

No PA is required for office visits at Participating (PAR) Network Providers.

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services, as delineated in the Prior Authorization guides, or as required by law. Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

Code	Description	Service Category	MHI PA Required?	NCH PA Required?	MHI Code Notes
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307)
80306	DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307)
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307)

80320	DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80327	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80328	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80346	DRUG SCREENING BENZODIAZEPINES 1-12	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80348	DRUG SCREENING BUPRENORPHINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80353	DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80354	DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80356	DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80358	DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80361	DRUG SCREENING OPIATES 1 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80364	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 5	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80365	DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80367	DRUG SCREENING PROPOXYPHENE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80368	DRUG SCREENING SEDATIVE HYPNOTICS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80369	DRUG TEST DEF DRUG TESTING PROCEDURES - SKELETAL MUSCLE RELAXANTS, 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80372	DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80373	DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659

80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
83992	ASSAY OF PHENCYCLIDINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992 or G0480, G0481, G0482, G0483, G0659
90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	N		
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	N		

97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
0702T	REM THER MNTR OL DIG COG BHV THER PRGRM SPLY TCH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
0703T	REM THER MNTR OL DIG COG BHV THER PRGRM CAL MO	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		

H0010	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0015	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units.
H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0018	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		

H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
S0201	PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
S9480	INTENSIVE OP PSYCHIATRY	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units.
T2023	TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM and BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		
10040	ACNE SURGERY	Cosmetic, Plastic & Reconstructive Procedures	Y		
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LESS	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	Cosmetic, Plastic & Reconstructive Procedures	Y		
15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	Cosmetic, Plastic & Reconstructive Procedures	Y		
15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Cosmetic, Plastic & Reconstructive Procedures	Y		
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Cosmetic, Plastic & Reconstructive Procedures	Y		
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	Cosmetic, Plastic & Reconstructive Procedures	Y		
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y		
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y		
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y		
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y		
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y		
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y		
15786	ABRASION 1 LESION	Cosmetic, Plastic & Reconstructive Procedures	Y		
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y		
15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y		
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y		
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y		
15819	CERVICOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y		
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y		

15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y		
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y		
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y		
15824	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	Y		
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	Y		
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	Y		
15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y		
15829	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	Y		
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Cosmetic, Plastic & Reconstructive Procedures	Y		
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y		
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y		
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y		
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y		
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y		
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y		
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y		
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y		
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y		
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y		
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	Y		
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y		
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y		
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	Y		
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.

19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer Dx's.
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y		
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y		
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y		
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y		
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y		
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y		
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y		
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEO	Cosmetic, Plastic & Reconstructive Procedures	Y		
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y		
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y		
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y		
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y		
69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		
98975	REMOTE THERAPEUTIC MNTR 1ST SETUP and PT EDUCAJ EQP	Durable Medical Equipment (DME)	Y		
98976	REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	Durable Medical Equipment (DME)	Y		
98977	REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	Durable Medical Equipment (DME)	Y		
0704T	REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP and PT EDUCAJ	Durable Medical Equipment (DME)	Y		
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30	Durable Medical Equipment (DME)	Y		
0706T	REM TX AMBLYOPIA I and R PHYS/QHP PER CALENDAR MONTH	Durable Medical Equipment (DME)	Y		
A5514	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA	Durable Medical Equipment (DME)	N		
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y		
A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	Durable Medical Equipment (DME)	Y		
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		
C1839	IRIS PROSTHESIS	Durable Medical Equipment (DME)	Y		
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y		
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y		
E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y		
E0256	HOSP BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y		

E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y		
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y		
E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y		
E0266	HOSP BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y		
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y		
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y		
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Y		
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y		
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y		
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y		
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y		
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y		
E0301	HOSP BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	Y		
E0302	HOSP BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTRSS	Durable Medical Equipment (DME)	Y		
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	Y		
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y		
E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	Y		
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y		
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WPTH	Durable Medical Equipment (DME)	Y		
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y		
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	Y		
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y		
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y		
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y		
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	Y		
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	Y		
E0483	HI FREQ CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y		
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Durable Medical Equipment (DME)	Y		
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRD GRDNT PRSS	Durable Medical Equipment (DME)	Y		
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	Durable Medical Equipment (DME)	Y		
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	Y		
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	Y		
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	Y		
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Durable Medical Equipment (DME)	Y		
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	Y		
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Durable Medical Equipment (DME)	Y		

E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	Y		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	Y		
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y		
E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	Y		
E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	Y		
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y		
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y		
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y		
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y		
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y		
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	Y		
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y		
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y		
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y		
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y		
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y		
E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	Y		
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	Y		
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Y		
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	Y		
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	Y		
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y		
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y		
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y		
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y		
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y		
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y		
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y		
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y		
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y		
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y		
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y		
E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Durable Medical Equipment (DME)	Y		
E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Durable Medical Equipment (DME)	Y		
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE PSTN	Durable Medical Equipment (DME)	Y		

E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Durable Medical Equipment (DME)	Y		
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y		
E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Durable Medical Equipment (DME)	Y		
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Durable Medical Equipment (DME)	Y		
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y		
E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Durable Medical Equipment (DME)	Y		
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Durable Medical Equipment (DME)	Y		
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Durable Medical Equipment (DME)	Y		
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y		
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y		
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y		
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y		
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y		
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y		
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y		
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y		
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipment (DME)	Y		
E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Durable Medical Equipment (DME)	Y		
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y		
E1700	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	Y		
E2201	MNL WC ACSS NONSTD SEAT WDTN GRT THN EQ 20 IN AND UNDER	Durable Medical Equipment (DME)	Y		
E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y		
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Durable Medical Equipment (DME)	Y		
E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y		
E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Durable Medical Equipment (DME)	Y		
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	Y		
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	Y		
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	Y		
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	Y		
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y		
E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Durable Medical Equipment (DME)	Y		
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	Y		
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	Y		
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y		
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME)	Y		

E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	Y		
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	Y		
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y		
E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Durable Medical Equipment (DME)	Y		
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y		
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	Y		
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Durable Medical Equipment (DME)	Y		
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	Y		
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y		
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y		
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y		
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y		
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	Y		
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	Y		
E2366	PWR WC ACSS BATTERY CHRGR 1 MODE W ONLY 1 BATTERY	Durable Medical Equipment (DME)	Y		
E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Durable Medical Equipment (DME)	Y		
E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y		
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y		
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y		
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y		
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y		
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y		
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y		
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y		
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Durable Medical Equipment (DME)	Y		
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA	Durable Medical Equipment (DME)	Y		
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	Y		
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	Y		
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y		
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Durable Medical Equipment (DME)	Y		
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	Y		
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y		
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	Y		

E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y		
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y		
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Durable Medical Equipment (DME)	Y		
E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WPTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y		
E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WPTH 22 IN GT DPTH	Durable Medical Equipment (DME)	Y		
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y		
E2611	GEN WC BACK CUSHN WPTH UNDER 22 IN HT MOUNT HARDWARE	Durable Medical Equipment (DME)	Y		
E2612	GEN WC BACK CUSHN WPTH 22 IN GT HT MOUNT HARDWRE	Durable Medical Equipment (DME)	Y		
E2613	PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Durable Medical Equipment (DME)	Y		
E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Durable Medical Equipment (DME)	Y		
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Durable Medical Equipment (DME)	Y		
E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Durable Medical Equipment (DME)	Y		
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y		
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WPTH UNDER 22 IN	Durable Medical Equipment (DME)	Y		
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WPTH 22 IN OR GRT	Durable Medical Equipment (DME)	Y		
E2622	SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Durable Medical Equipment (DME)	Y		
E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Durable Medical Equipment (DME)	Y		
E2624	SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN	Durable Medical Equipment (DME)	Y		
E2625	SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT	Durable Medical Equipment (DME)	Y		
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y		
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y		
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y		
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y		
K0009	OTHER MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y		
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y		
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y		
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y		
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y		
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y		
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y		
K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	Y		
K0554	RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS	Durable Medical Equipment (DME)	Y		
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y		

K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y		
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y		
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y		
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y		
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y		
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y		
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y		
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y		
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y		
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y		
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y		
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y		
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y		
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y		
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y		
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y		
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y		
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y		
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y		

K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y		
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y		
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y		
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y		
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y		
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y		
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y		
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y		
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y		
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y		
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y		
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y		
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y		
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y		
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y		
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y		
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y		
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y		
K1001	ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS	Durable Medical Equipment (DME)	Y		
K1002	CES SYS INCL ALL SUPPLIES AND ACCESSORIES ANY TYPE	Durable Medical Equipment (DME)	Y		
K1003	WHIRLPOOL TUB WALK IN PORTABLE	Durable Medical Equipment (DME)	Y		
K1004	LW FRQ U S DIA TX DVC HM USE INCL CMPNT AND ACCESS	Durable Medical Equipment (DME)	Y		
K1014	AK 4 BAR LINK HYDL SWG/STANC	Durable Medical Equipment (DME)	Y		
K1016	TRANS ELEC NERV FOR TRIGEMIN	Durable Medical Equipment (DME)	Y		

K1017	MONTHLY SUPP USE WITH K1016	Durable Medical Equipment (DME)	Y		
K1018	EXT UP LIMB TREMOR STIM WRIS	Durable Medical Equipment (DME)	Y		
K1019	MONTHLY SUPP USE OF DEVICE CODED AT K1018	Durable Medical Equipment (DME)	Y		
K1020	NON-INVASIVE VAGUS NERV STIM	Durable Medical Equipment (DME)	Y		
K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Durable Medical Equipment (DME)	Y		
K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	Durable Medical Equipment (DME)	Y		
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y		
K1028	PS and CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y		
K1029	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y		
K1031	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	Durable Medical Equipment (DME)	Y		
K1032	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	Durable Medical Equipment (DME)	Y		
K1033	NONPNEU SEQUENTIAL COMPRESSION GARMENT HALF LEG	Durable Medical Equipment (DME)	Y		
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Durable Medical Equipment (DME)	Y		
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Durable Medical Equipment (DME)	Y		
Q0480	DRIVER PNEUMATIC VAD, REP	Durable Medical Equipment (DME)	Y		
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	Y		
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y		
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y		
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y		
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	Y		
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	Y		
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	Y		
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	Y		
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	Y		
V5211	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITE	Durable Medical Equipment (DME)	Y		
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	Y		
V5213	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE BTE	Durable Medical Equipment (DME)	Y		
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	Y		
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	Y		
V5221	HEARING AID CONTRALAT ROUT SYS BINAURAL BTE BTE	Durable Medical Equipment (DME)	Y		
83987	PH EXHALED BREATH CONDENSATE	Experimental/Investigational	Y		
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Experimental/Investigational	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y		

93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Experimental/Investigational	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	Y		
0072T	US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS	Experimental/Investigational	Y		
0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	Y		
0100T	PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Experimental/Investigational	Y		
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Experimental/Investigational	Y		
0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	Y		
0106T	QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI	Experimental/Investigational	Y		
0107T	QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI	Experimental/Investigational	Y		
0108T	QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI	Experimental/Investigational	Y		
0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Experimental/Investigational	Y		
0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Experimental/Investigational	Y		
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational	Y		
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Experimental/Investigational	Y		
0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Experimental/Investigational	Y		
0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Experimental/Investigational	Y		
0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Experimental/Investigational	Y		
0206U	NEURO ALZHEIMER CELL AGGREGJ	Experimental/Investigational	Y		
0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Experimental/Investigational	Y		
0207U	NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational	Y		
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Experimental/Investigational	Y		
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Experimental/Investigational	Y		
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Experimental/Investigational	Y		
0210U	SYPHILIS TST ANTB IA QUAN	Experimental/Investigational	Y		
0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Experimental/Investigational	Y		
0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Experimental/Investigational	Y		
0214T	NJX DX THER PARAVERT FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y		
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y		
0216T	NJX DX THER PARAVERT FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y		
0217T	NJX DX THER PARAVERT FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y		
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y		
0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Experimental/Investigational	Y		
0219U	NFCT AGT HIV GNRJ SEQ ALYS	Experimental/Investigational	Y		

0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Experimental/Investigational	Y		
0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Experimental/Investigational	Y		
0221U	ABO GNOTYP NEXT GNRJ SEQ ABO	Experimental/Investigational	Y		
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ	Experimental/Investigational	Y		
0227U	RX ASSAY PRSMV 30 Plus RX/METABLT UR LC-MS/MS MRM	Experimental/Investigational	Y		
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	Y		
0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	Y		
0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	Y		
0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	Y		
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	Y		
0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Experimental/Investigational	Y		
0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Experimental/Investigational	Y		
0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Experimental/Investigational	Y		
0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Experimental/Investigational	Y		
0266T	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Experimental/Investigational	Y		
0267T	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Experimental/Investigational	Y		
0268T	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	Y		
0269T	REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Experimental/Investigational	Y		
0270T	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Experimental/Investigational	Y		
0271T	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	Y		
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Experimental/Investigational	Y		
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Experimental/Investigational	Y		
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y		
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	Y		
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	Y		
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y		
0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Experimental/Investigational	Y		
0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y		
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y		
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y		
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Experimental/Investigational	Y		
0329T	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Experimental/Investigational	Y		
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Experimental/Investigational	Y		
0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Experimental/Investigational	Y		
0335T	INSERTION OF SINUS TARSII IMPLANT	Experimental/Investigational	Y		
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Experimental/Investigational	Y		
0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Experimental/Investigational	Y		

0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Experimental/Investigational	Y		
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Experimental/Investigational	Y		
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Experimental/Investigational	Y		
0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Experimental/Investigational	Y		
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Experimental/Investigational	Y		
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Experimental/Investigational	Y		
0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Experimental/Investigational	Y		
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Experimental/Investigational	Y		
0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Experimental/Investigational	Y		
0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational	Y		
0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Experimental/Investigational	Y		
0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Experimental/Investigational	Y		
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Experimental/Investigational	Y		
0398T	MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Experimental/Investigational	Y		
0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Experimental/Investigational	Y		
0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Experimental/Investigational	Y		
0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y		
0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Experimental/Investigational	Y		
0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Experimental/Investigational	Y		
0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y		
0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	Y		
0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y		
0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	Y		
0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Experimental/Investigational	Y		
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	Y		
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	Y		
0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Experimental/Investigational	Y		
0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Experimental/Investigational	Y		
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Experimental/Investigational	Y		
0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Experimental/Investigational	Y		
0424T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Experimental/Investigational	Y		
0425T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y		
0426T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y		
0427T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y		
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y		
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y		
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y		

0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y		
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y		
0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y		
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Experimental/Investigational	Y		
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Experimental/Investigational	Y		
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Experimental/Investigational	Y		
0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Experimental/Investigational	Y		
0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE	Experimental/Investigational	Y		
0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Experimental/Investigational	Y		
0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Experimental/Investigational	Y		
0443T	R-T SPCTRL ALYS PROSTATE TISS FLUORESCENC SPCTRSCP	Experimental/Investigational	Y		
0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	Y		
0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	Y		
0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Experimental/Investigational	Y		
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Experimental/Investigational	Y		
0469T	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Experimental/Investigational	Y		
0470T	OCT SKN IMG ACQUISJ I AND R 1ST LES	Experimental/Investigational	Y		
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT	Experimental/Investigational	Y		
0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Experimental/Investigational	Y		
0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Experimental/Investigational	Y		
0475T	REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R	Experimental/Investigational	Y		
0476T	REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA	Experimental/Investigational	Y		
0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	Experimental/Investigational	Y		
0478T	REC FTL CAR SGL 3 CH REVIEW I AND R	Experimental/Investigational	Y		
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	Y		
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Experimental/Investigational	Y		
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y		
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y		
0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Experimental/Investigational	Y		
0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Experimental/Investigational	Y		
0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT	Experimental/Investigational	Y		
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y		
0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Experimental/Investigational	Y		
0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Experimental/Investigational	Y		
0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS	Experimental/Investigational	Y		
0493T	NEAR INFRARED SPECTROSCPY STUDIES LOW EXT WOUNDS	Experimental/Investigational	Y		
0494T	PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Experimental/Investigational	Y		

0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Experimental/Investigational	Y		
0497T	XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN	Experimental/Investigational	Y		
0498T	XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS	Experimental/Investigational	Y		
0499T	CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Experimental/Investigational	Y		
0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Experimental/Investigational	Y		
0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Experimental/Investigational	Y		
0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Experimental/Investigational	Y		
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Experimental/Investigational	Y		
0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Experimental/Investigational	Y		
0510T	REMOVAL OF SINUS TARSI IMPLANT	Experimental/Investigational	Y		
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	Y		
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Experimental/Investigational	Y		
0514T	INTRAOOPERATIVE VISUAL AXIS ID USING PT FIXATION	Experimental/Investigational	Y		
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Experimental/Investigational	Y		
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Experimental/Investigational	Y		
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Experimental/Investigational	Y		
0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Experimental/Investigational	Y		
0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Experimental/Investigational	Y		
0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Experimental/Investigational	Y		
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	Y		
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	Y		
0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Experimental/Investigational	Y		
0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Experimental/Investigational	Y		
0525T	INSERTION REPLACEMENT COMPLETE IIMS	Experimental/Investigational	Y		
0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Experimental/Investigational	Y		
0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Experimental/Investigational	Y		
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	Y		
0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	Y		
0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Experimental/Investigational	Y		
0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Experimental/Investigational	Y		
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Experimental/Investigational	Y		
0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Experimental/Investigational	Y		
0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Experimental/Investigational	Y		
0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Experimental/Investigational	Y		
0536T	CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Experimental/Investigational	Y		
0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Experimental/Investigational	Y		
0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Experimental/Investigational	Y		

0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Experimental/Investigational	Y		
0564T	ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Experimental/Investigational	Y		
0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Experimental/Investigational	Y		
0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Experimental/Investigational	Y		
0567T	PERM FLP TUB OCCLS W IMPLANT TRANSCRV APPROACH	Experimental/Investigational	Y		
0568T	INTRO MIX SALINE AND AIR F SSG CONF OCCLS FLP TUBE	Experimental/Investigational	Y		
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	Y		
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	Y		
0571T	INSJ RPLCMT ICDS W SUBSTERNAL ELECTRODE	Experimental/Investigational	Y		
0572T	INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational	Y		
0573T	RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational	Y		
0574T	REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	Experimental/Investigational	Y		
0575T	PROGRAMMING DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational	Y		
0576T	INTERROGATION DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational	Y		
0577T	ELECTROPHYSIOLOGICAL EVAL ICDS W SS ELECTRODE	Experimental/Investigational	Y		
0578T	REM INTERROG DEV EVAL SS LD ICDS UNDER 90D PHY QHP	Experimental/Investigational	Y		
0579T	REM INTERROG DEV EVAL SS LD ICDS UNDER 90D TECH	Experimental/Investigational	Y		
0580T	RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	Experimental/Investigational	Y		
0581T	ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	Experimental/Investigational	Y		
0582T	TRURL ABLTJ MAL PROSTATE TISS HI ENERGY WATER VAPOR	Experimental/Investigational	Y		
0583T	TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	Experimental/Investigational	Y		
0587T	PERCUTANEOUS IMPLANTATION REPLACEMENT ISDNS PTN	Experimental/Investigational	Y		
0588T	REVISION OR REMOVAL ISDNS POSTERIOR TIBIAL NRV	Experimental/Investigational	Y		
0589T	ELEC ALYS SMPL PRGRMG IINS PTN 1-3 PARAMETERS	Experimental/Investigational	Y		
0590T	ELEC ALYS CPLX PRGRMG IINS PTN 4 PLUS PARAMETERS	Experimental/Investigational	Y		
0594T	OSTEOT HUM XTRNL LNGTH DEV	Experimental/Investigational	Y		
0596T	TEMP FML IU VLV-PMP 1ST INSJ	Experimental/Investigational	Y		
0597T	TEMP FML IU VALVE-PMP RPLCMT	Experimental/Investigational	Y		
0598T	NCNTC R-T FLUOR WND IMG 1ST	Experimental/Investigational	Y		
0599T	NCNTC R-T FLUOR WND IMG EA	Experimental/Investigational	Y		
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	Experimental/Investigational	Y		
0601T	IRE ABLTJ 1+TUMORS OPEN	Experimental/Investigational	Y		
0602T	TRANSDERMAL GFR MEASUREMENTS	Experimental/Investigational	Y		
0603T	TRANSDERMAL GFR MONITORING	Experimental/Investigational	Y		
0604T	REM OCT RTA DEV SETUP&EDUCAJ	Experimental/Investigational	Y		

0605T	REM OCT RTA TECHL SPRT MIN 8	Experimental/Investigational	Y		
0606T	REM OCT RTA PHYS/QHP EA 30D	Experimental/Investigational	Y		
0607T	REM MNTR PULM FLU MNTR SETUP	Experimental/Investigational	Y		
0608T	REM MNTR PULM FLU MNTR ALYS	Experimental/Investigational	Y		
0613T	PERQ TCAT INTRATRL SEPTL SHT	Experimental/Investigational	Y		
0614T	RMVL & RPLCMT SS IMP DFB PG	Experimental/Investigational	Y		
0615T	EYE MVMT ALYS W/O CALBRJ I&R	Experimental/Investigational	Y		
0616T	INSERTION OF IRIS PROSTHESIS	Experimental/Investigational	Y		
0617T	NSJ IRIS PROSTH W/RMVL&INSJ	Experimental/Investigational	Y		
0618T	INSJ IRIS PROSTH SEC IO LENS	Experimental/Investigational	Y		
0619T	CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY and RX DLVR	Experimental/Investigational	Y		
0620T	ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	Experimental/Investigational	Y		
0621T	TRABECULOSTOMY AB INTERNO BY LASER	Experimental/Investigational	Y		
0622T	TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	Experimental/Investigational	Y		
0627T	PERQ NJX ALGC CELL and /PRDCT UNI/BI FLUOR LMBR 1ST	Experimental/Investigational	Y		
0628T	PERQ NJX ALGC CELL and /PRDCT UNI/BI FLUOR LMBR EA	Experimental/Investigational	Y		
0629T	PERQ NJX ALGC CELL and /PRDCT UNI/BI CT LMBR 1ST	Experimental/Investigational	Y		
0630T	PERQ NJX ALGC CELL and /PRDCT UNI/BI CT LMBR EA	Experimental/Investigational	Y		
0631T	TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	Experimental/Investigational	Y		
0632T	PERQ TCAT US ABLATION NERVES INNERVATING P-ART	Experimental/Investigational	Y		
0639T	WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS and ASSMT	Experimental/Investigational	Y		
0640T	NCNTC NR IFR SPCTRSC WND	Experimental/Investigational	Y		
0641T	NCNTC NR IFR SPCTRSC WND IMG	Experimental/Investigational	Y		
0642T	NCNTC NR IFR SPCTRSC WND I&R	Experimental/Investigational	Y		
0643T	TCAT L VENTR RSTRJ DEV IMPLT	Experimental/Investigational	Y		
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	Experimental/Investigational	Y		
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	Experimental/Investigational	Y		
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	Experimental/Investigational	Y		
0647T	INSJ GTUBE PERQ MAG GASTRPXY	Experimental/Investigational	Y		
0648T	QUAN MR ALYS TISS W/O MRI	Experimental/Investigational	Y		
0649T	QUAN MR ALYS TISS W/MRI	Experimental/Investigational	Y		
0650T	PRGRMG DEV EVAL SCRMS REMOTE	Experimental/Investigational	Y		
0651T	MAG CTRLD CAPSULE ENDOSCOPY	Experimental/Investigational	Y		
0652T	EGD FLX TRANSNASAL DX BR/WA	Experimental/Investigational	Y		
0653T	EGD FLX TRANSNASAL BX 1/MLT	Experimental/Investigational	Y		
0654T	EGD FLX TRANSNASAL TUBE/CATH	Experimental/Investigational	Y		

0655T	TPRNL FOCAL ABLTJ MAL PRST8	Experimental/Investigational	Y		
0656T	VRT BDY TETHERING ANT <7 SEG	Experimental/Investigational	Y		
0657T	VRT BDY TETHERING ANT 8+ SEG	Experimental/Investigational	Y		
0658T	ELEC IMPD SPECTRSC 1+SKN LES	Experimental/Investigational	Y		
0660T	IMPLT ANT SGM IO NBIO RX SYS	Experimental/Investigational	Y		
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	Experimental/Investigational	Y		
0662T	SCALP COOL 1ST MEAS&CALBRJ	Experimental/Investigational	Y		
0663T	SCALP COOL PLMT MNTR RMVL	Experimental/Investigational	Y		
0664T	DON HYSTERECTOMY OPEN CDVR	Experimental/Investigational	Y		
0665T	DON HYSTERECTOMY OPEN LIV	Experimental/Investigational	Y		
0666T	DON HYSTERECTOMY LAPS LIV	Experimental/Investigational	Y		
0667T	DON HYSTERECTOMY RCP UTER	Experimental/Investigational	Y		
0668T	BKBENCH PREP DON UTER ALGRFT	Experimental/Investigational	Y		
0669T	BKBENCH RCNSTJ DON UTER VEN	Experimental/Investigational	Y		
0670T	BKBENCH RCNSTJ DON UTER ARTL	Experimental/Investigational	Y		
0690T	QUANTITATIVE US TISS CHARAC I and R W/DX US SM ANAT	Experimental/Investigational	Y		
0691T	AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I and R	Experimental/Investigational	Y		
0693T	COMPRES FUL BDY CPTR MRKRLS 3D KNMTC and KIN MTN ALYS	Experimental/Investigational	Y		
0694T	3D VOLUMETRIC IMG and RCNSTJ BRST/AX LYMPH NODE TISS	Experimental/Investigational	Y		
0695T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT	Experimental/Investigational	Y		
0696T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	Experimental/Investigational	Y		
0697T	QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN	Experimental/Investigational	Y		
0698T	QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS	Experimental/Investigational	Y		
0700T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES	Experimental/Investigational	Y		
0701T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL	Experimental/Investigational	Y		
A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Experimental/Investigational	Y		
C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Experimental/Investigational	Y		
C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	Experimental/Investigational	Y		
C2596	PROBE, IMAGE GUIDED, ROBOTIC, WATERJET ABLATION	Experimental/Investigational	Y		
C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Experimental/Investigational	Y		
C9758	BI PROC NYHA CL III IV HF;TRNSCATH IMPL IAS PC	Experimental/Investigational	Y		
C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Experimental/Investigational	Y		
C9783	BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Experimental/Investigational	Y		
K1006	SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS	Experimental/Investigational	Y		
K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	Experimental/Investigational	Y		
K1009	SPEECH VOLUME MODULATION SYS INCL ALL COMP and ACC	Experimental/Investigational	Y		

L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	Y		
81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y		
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y		
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y		
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y		
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y		
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN	Genetic Counseling & Testing	Y		
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y		
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y		
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	Y		
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y		
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y		
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y		
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		

81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y		
81191	NTRK1 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y		
81192	NTRK2 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y		
81193	NTRK3 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y		
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y		
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y		
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y		
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	Y		
81212	BRCA1 BRCA 2 GEN ALYS 185DEL 5385INSC 6174DELT	Genetic Counseling & Testing	Y		
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y		
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y		
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	Y		
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y		
81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y		
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y		
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y		
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81233	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81238	F9 FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y		
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y		

81246	FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	Y		
81247	G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y		
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y		
81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Testing	Y		
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Testing	Y		
81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Testing	Y		
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Testing	Y		
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y		
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y		
81278	IGH@/BCL2 TLCJ ALYS MBR and MCR BP QUAL/QUAN	Genetic Counseling & Testing	Y		
81279	JAK2 TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	Y		
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y		
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y		
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y		
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y		
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	Y		
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Testing	Y		
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y		
81308	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	Y		
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	Y		
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	Y		
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y		

81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y		
81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y		
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	Y		
81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y		
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	N		
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81329	SMN1 GENE ANALYSIS DOSAGE DELETION W/ SMN2 ALYS	Genetic Counseling & Testing	Y		
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81335	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	Y		
81338	MPL GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	Genetic Counseling & Testing	Y		
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y		
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81346	TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81347	SF3B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81348	SRSF2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81349	CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS	Genetic Counseling & Testing	Y		
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y		
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y		
81357	U2AF1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
81360	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y		
81361	HBB COMMON VARIANTS	Genetic Counseling & Testing	Y		
81362	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y		
81363	HBB DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y		
81364	HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	Y		
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	Y		
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	Y		
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	Y		

81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	Y		
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y		
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y		
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y		
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y		
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y		
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y		
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y		
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y		
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y		
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y		
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	Y		
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	Y		
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y		
81422	FETAL CHROMOSOMAL MICRODELTA GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y		
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y		
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y		
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y		
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y		
81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y		
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y		
81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	Y		
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y		
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y		
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y		
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y		
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Counseling & Testing	Y		
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y		
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y		
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y		
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y		

81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y		
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y		
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y		
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y		
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y		
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	Y		
81490	AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS	Genetic Counseling & Testing	N		
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y		
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Genetic Counseling & Testing	N		
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	Y		
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y		
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	Y		
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y		
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y		
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y		
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y		
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	Y		
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Genetic Counseling & Testing	Y		
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y		
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Genetic Counseling & Testing	Y		
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y		
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y		
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y		
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y		
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y		
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	Y		
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	Y		
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y		
81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y		
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	Y		
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y		
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Genetic Counseling & Testing	Y		
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	Y		
83006	GROWTH STIMULATION EXPRESSED GENE 2	Genetic Counseling & Testing	Y		
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y		
86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Testing	Y		

86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Testing	Y		
88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Testing	Y		
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Genetic Counseling & Testing	Y		
88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Genetic Counseling & Testing	Y		
88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Genetic Counseling & Testing	Y		
88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Genetic Counseling & Testing	Y		
88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Genetic Counseling & Testing	Y		
0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Genetic Counseling & Testing	N		
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W ASH	Genetic Counseling & Testing	N		
0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH	Genetic Counseling & Testing	N		
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Testing	Y		
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y		
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y		
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y		
0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Testing	Y		
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	Y		
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Genetic Counseling & Testing	Y		
0011M	ONC PROSTATE CA MRNA 12 GENES BLD PLSM AND UR ALG	Genetic Counseling & Testing	N		
0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Testing	Y		
0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Genetic Counseling & Testing	N		
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Genetic Counseling & Testing	Y		
0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Genetic Counseling & Testing	N		
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	Y		
0014M	LIVER DS ALYS 3 BMRK SRM ALG	Genetic Counseling & Testing	Y		
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	Y		
0015M	ADRNL CORTCL TUM BCHM ASY	Genetic Counseling & Testing	Y		
0016M	ONC BLADDER MRNA 209 GEN ALG	Genetic Counseling & Testing	Y		
0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	Y		
0017M	ONC DLBCL MRNA 20 GENES ALG	Genetic Counseling & Testing	Y		
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	Y		
0018U	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL	Genetic Counseling & Testing	N		
0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	Genetic Counseling & Testing	N		
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y		
0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	Y		
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	Y		
0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y		
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y		

0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Testing	Y		
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y		
0036U	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS	Genetic Counseling & Testing	N		
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y		
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Genetic Counseling & Testing	Y		
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Genetic Counseling & Testing	Y		
0047U	ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Genetic Counseling & Testing	Y		
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Genetic Counseling & Testing	Y		
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Genetic Counseling & Testing	Y		
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Genetic Counseling & Testing	Y		
0053U	ONC PROSTATE CA FISH ALYS 4 GENES NDL BX SPEC ALG	Genetic Counseling & Testing	Y		
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Testing	Y		
0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Genetic Counseling & Testing	Y		
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Genetic Counseling & Testing	Y		
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Genetic Counseling & Testing	Y		
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Genetic Counseling & Testing	Y		
0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Genetic Counseling & Testing	N		
0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Genetic Counseling & Testing	N		
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Genetic Counseling & Testing	Y		
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	N		
0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	Genetic Counseling & Testing	N		
0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	Genetic Counseling & Testing	N		
0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS	Genetic Counseling & Testing	N		
0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT	Genetic Counseling & Testing	N		
0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT	Genetic Counseling & Testing	N		
0078U	PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS	Genetic Counseling & Testing	N		
0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF	Genetic Counseling & Testing	N		
0101U	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Genetic Counseling & Testing	Y		
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Genetic Counseling & Testing	Y		
0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Genetic Counseling & Testing	Y		
0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Genetic Counseling & Testing	Y		
0141U	NFCT DS BACT AND FNG GRAM POS ORG ID AND RX RESIST DNA	Genetic Counseling & Testing	Y		
0142U	NFCT DS BACT AND FNG GRAM NEG ORG ID AND RX RESIST DNA	Genetic Counseling & Testing	Y		

0143U	DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0144U	DRUG ASSAY DEF 160 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0145U	DRUG ASSAY DEF 65 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0146U	DRUG ASSAY DEF 80 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0147U	DRUG ASSAY DEF 85 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0148U	DRUG ASSAY DEF 100 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0149U	DRUG ASSAY DEF 60 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0150U	DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y		
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	Y		
0153U	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	Y		
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	Y		
0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	Y		
0156U	COPY NUMBER SEQUENCE ALYS	Genetic Counseling & Testing	Y		
0157U	APC MRNA SEQ ALYS	Genetic Counseling & Testing	Y		
0158U	MLH1 MRNA SEQ ALYS	Genetic Counseling & Testing	Y		
0159U	MSH2 MRNA SEQ ALYS	Genetic Counseling & Testing	Y		
0160U	MSH6 MRNA SEQ ALYS	Genetic Counseling & Testing	Y		
0161U	PMS2 MRNA SEQ ALYS	Genetic Counseling & Testing	Y		
0162U	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	Genetic Counseling & Testing	Y		
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	Y		
0173U	PSYC GEN ALYS PANEL 14 GENES	Genetic Counseling & Testing	Y		
0174U	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	Y		
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	Y		
0176U	CDTB & VINCULIN IGG ANTB IA	Genetic Counseling & Testing	Y		
0177U	ONC BRST CA DNA PIK3CA 11	Genetic Counseling & Testing	Y		
0178U	PEANUT ALLG ASMT EPI CLIN RX	Genetic Counseling & Testing	Y		
0179U	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	Y		
0180U	ABO GNOTYP ABO 7 EXONS	Genetic Counseling & Testing	Y		
0181U	CO GNOTYP AQP1 EXON 1	Genetic Counseling & Testing	Y		
0182U	CROM GNOTYP CD55 EXONS 1-10	Genetic Counseling & Testing	Y		
0183U	DI GNOTYP SLC4A1 EXON 19	Genetic Counseling & Testing	Y		
0184U	DO GNOTYP ART4 EXON 2	Genetic Counseling & Testing	Y		
0185U	FUT1 GNOTYP FUT1 EXON 4	Genetic Counseling & Testing	Y		

0186U	FUT2 GNOTYP FUT2 EXON2	Genetic Counseling & Testing	Y		
0187U	FY GNOTYP ACKR1 EXONS 1-2	Genetic Counseling & Testing	Y		
0188U	GE GNOTYP GYPC EXONS 1-4	Genetic Counseling & Testing	Y		
0189U	GYPA GNOTYP NTRNS 1 5 EXON 2	Genetic Counseling & Testing	Y		
0190U	GYPB GNOTYP NTRNS 1 5 SEUX 3	Genetic Counseling & Testing	Y		
0191U	IN GNOTYP CD44 EXONS 2 3 6	Genetic Counseling & Testing	Y		
0192U	JK GNOTYP SLC14A1 EXON 9	Genetic Counseling & Testing	Y		
0193U	JR GNOTYP ABCG2 EXONS 2-26	Genetic Counseling & Testing	Y		
0194U	KEL GNOTYP KEL EXON 8	Genetic Counseling & Testing	Y		
0195U	KLF1 TARGETED SEQUENCING	Genetic Counseling & Testing	Y		
0196U	LU GNOTYP BCAM EXON 3	Genetic Counseling & Testing	Y		
0197U	LW GNOTYP ICAM4 EXON 1	Genetic Counseling & Testing	Y		
0198U	RHD & RHCE GNTYP RHD1-10 & RHCE5	Genetic Counseling & Testing	Y		
0199U	SC GNOTYP ERMAP EXONS 4 12	Genetic Counseling & Testing	Y		
0200U	XK GNOTYP XK EXONS 1-3	Genetic Counseling & Testing	Y		
0201U	YT GNOTYP ACHE EXON 2	Genetic Counseling & Testing	Y		
0203U	AI IBD MRNA XPRSN PRFL 17	Genetic Counseling & Testing	Y		
0204U	ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Testing	Y		
0205U	OPH AMD ALYS 3 GENE VARIANTS	Genetic Counseling & Testing	Y		
0208U	ONC MTC MRNA XPRSN ALYS 108	Genetic Counseling & Testing	Y		
0209U	CYTOG CONST ALYS INTERROG	Genetic Counseling & Testing	Y		
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Genetic Counseling & Testing	Y		
0212U	RARE DS GEN DNA ALYS PROBAND	Genetic Counseling & Testing	Y		
0213U	RARE DS GEN DNA ALYS EA COMP	Genetic Counseling & Testing	Y		
0214U	RARE DS XOM DNA ALYS PROBAND	Genetic Counseling & Testing	Y		
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	Y		
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	Y		
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	Y		
0218U	NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Testing	Y		
0220U	ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Testing	Y		
0228U	ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	Genetic Counseling & Testing	Y		
0229U	BCAT1 PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	Y		
0230U	AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing	Y		
0231U	CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	Genetic Counseling & Testing	Y		
0232U	CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	Genetic Counseling & Testing	Y		
0233U	FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing	Y		
0234U	MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing	Y		

0235U	PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing	Y		
0236U	SMN1 and SMN2 FUL GEN ALYS CHNG DUPL and DELET and INSJ	Genetic Counseling & Testing	Y		
0237U	CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	Genetic Counseling & Testing	Y		
0238U	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y		
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus	Genetic Counseling & Testing	Y		
0306U	ONC MRD NXT-GNRJ ALYS 1ST	Genetic Counseling & Testing	Y		
0307U	ONC MRD NXT-GNRJ ALYS SBSQ	Genetic Counseling & Testing	Y		
0308U	CRD CAD ALYS 3 PRTN PLSM ALG	Genetic Counseling & Testing	Y		
0309U	CRD CV DS ALY 4 PRTN PLM ALG	Genetic Counseling & Testing	Y		
0310U	PED VSCLTS KD ALYS3 BMRKS	Genetic Counseling & Testing	Y		
0311U	NFCT DS BCT QUAN ANTMCRB SC	Genetic Counseling & Testing	Y		
0312U	AI DS SLE ALYS 8 IGG AUTOANT	Genetic Counseling & Testing	Y		
0313U	ONC PNCRS DNA&MRNA SEQ 74	Genetic Counseling & Testing	Y		
0314U	ONC CUTAN MLNMA MRNA 35 GENE	Genetic Counseling & Testing	Y		
0315U	ONC CUTAN SQ CLL CA MRNA 40	Genetic Counseling & Testing	Y		
0316U	B BRGDRFERI LYME DS OSPA EVL	Genetic Counseling & Testing	Y		
0317U	ONC LUNG CA 4-PRB FISH ASSAY	Genetic Counseling & Testing	Y		
0318U	PED WHL GEN MTHYLTN ALYS 50+	Genetic Counseling & Testing	Y		
0319U	NEPH RNA PRETRNSPL PERPH BLD	Genetic Counseling & Testing	Y		
0320U	NEPH RNA PSTTRNSPL PERPH BLD	Genetic Counseling & Testing	Y		
0321U	IADNA GU PTHGN 20BCT&FNG ORG	Genetic Counseling & Testing	Y		
0322U	NEURO ASD MEAS 14 ACYL CARN	Genetic Counseling & Testing	Y		
G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Testing	Y		
S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS	Genetic Counseling & Testing	N		
S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	Genetic Counseling & Testing	N		
S3841	GENETIC TESTING FOR RETINOBLASTOMA	Genetic Counseling & Testing	N		
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Genetic Counseling & Testing	N		
S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS	Genetic Counseling & Testing	N		
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	Genetic Counseling & Testing	N		
S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA	Genetic Counseling & Testing	N		
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	Genetic Counseling & Testing	N		
S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Testing	Y		
S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Testing	Y		
S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPECTED BS	Genetic Counseling & Testing	Y		
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Testing	Y		
S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Testing	Y		
S3870	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Genetic Counseling & Testing	Y		

90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	Y		
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y		
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y		
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Healthcare Administered Drugs	Y		
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y		
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y		
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Healthcare Administered Drugs	Y		
A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	Y		
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	Y		
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Healthcare Administered Drugs	Y		
B4187	OMEGA VEN, 10 G LIPIDS	Healthcare Administered Drugs	Y		
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
C9062	INJECTN DARATUMUMAB 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y		
C9094	INJ, SUTIMLIMAB-JOME, 10 MG	Healthcare Administered Drugs	Y		
C9098	CILTACABTAGENE CAR POS T	Healthcare Administered Drugs	Y	Y~	CODE CHANGE EFFECTIVE 10/1/22. Will be delegated to NCH in Kentucky
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y		
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y		
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y		
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y		
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y		
J0135	INJECTION ADALIMUMAB 20 MG	Healthcare Administered Drugs	Y		

J0153	INJECTION ADENOSINE 1 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	Y		
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y		
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y		
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y		
J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0205	INJECTION ALGLUCERASE PER 10 UNITS	Healthcare Administered Drugs	Y		
J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y		
J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Healthcare Administered Drugs	Y		
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y		
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y		
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y		
J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y		
J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y		
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y		
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y		
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y		
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y		
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y		
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y		
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y		
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y		

J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y		
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y		
J0570	BUPRENORPHINE IMPLANT 74.2 MG	Healthcare Administered Drugs	Y		
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y		
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y		
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y		
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y		
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y		
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Y		
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y		
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y		
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y		
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y		
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y		
J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y		
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	Y		
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y		
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0691	INJECTION, LEFAMULIN, 1 MG	Healthcare Administered Drugs	Y		
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y		
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y		
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y		
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y		
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y		
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y		

J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y		
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y		
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y		
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y		
J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	Healthcare Administered Drugs	Y		
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y		
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y		
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y		
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y		
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y		
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y		
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

J1245	INJECTION DIPYRIDAMOLE PER 10 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
J1250	INJECTION DOBUTAMINE HCI PER 250 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
J1260	INJECTION DOLASETRON MESYLATE 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y		
J1300	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	Y		
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y		
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y		
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y		
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y		
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y		
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y		
J1324	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	Y		
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y		
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y		
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y		
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y		
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y		
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y		
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1445	INJ FERRIC PYROPHOSPHATE CITRATE SOL 0.1 MG IRON	Healthcare Administered Drugs	Y		
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y		
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J1554	INJECTION IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1555	INJECTION IMMUNE GLOBULIN 100 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	Y		
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1571	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	Y		
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y		
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y		
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y		
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y		

J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y		
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y		
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y		
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y		
J1726	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Healthcare Administered Drugs	Y		
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y		
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y		
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y		
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y		
J1745	INJECTION INFlixIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y		
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y		
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y		
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y		
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y		
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y		
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y		
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y		
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Y		~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y		

J1952	LEUPROLIDE INJECTANLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2062	LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	Y		
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y		
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y		
J2248	INJECTION MICAFUNGIN SODIUM 1 MG	Healthcare Administered Drugs	Y		
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J2326	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Y		
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Y		
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y		
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	Y		
J2407	INJECTION, ORITAVANCIN, 10 MG	Healthcare Administered Drugs	Y		
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y		
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Healthcare Administered Drugs	Y		
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Healthcare Administered Drugs	Y		

J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y		
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y		
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Healthcare Administered Drugs	Y		
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y		
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y		
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREACK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y		
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2785	INJECTION REGADENOSON 0.1 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y		
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y		
J2796	INJECTION ROMIPLOSTIM 10 MCG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J2797	INJECTION ROLAPITANT 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y		
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y		
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y		
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y		
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y		
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y		
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y		
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y		
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y		
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y		
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y		
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y		
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Y		
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y		

J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y		
J3355	INJECTION UROFOLLITROPIN 75 IU	Healthcare Administered Drugs	Y		
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y		
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y		
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y		
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y		
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y		
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Healthcare Administered Drugs	Y		
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10^15 VECTOR GENOMES	Healthcare Administered Drugs	Y		
J3489	INJECTION ZOLEDRONIC ACID 1 MG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis for drugs within NCH scope direct request to NCH.

J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis for drugs within NCH scope direct request to NCH.
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y		
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Y		
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y		
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y		
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y		
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y		
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y		
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y		
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y		
J7182	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	Y		
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Y		
J7185	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	Y		
J7186	INJ AHF VWF CMLPX PER FACTOR VIII IU	Healthcare Administered Drugs	Y		
J7187	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y		
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y		
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y		
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y		
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y		
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y		
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y		
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y		
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y		
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y		
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y		
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y		
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y		
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y		
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y		
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y		
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y		
J7204	INJECTION, FACTOR VIII, ATHIHEMPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	Healthcare Administered Drugs	Y		

J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y		
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y		
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y		
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y		
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y		
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y		
J7212	ACTOR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MICROGRAM	Healthcare Administered Drugs	Y		
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y		
J7309	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Healthcare Administered Drugs	Y		
J7310	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Healthcare Administered Drugs	Y		
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y		
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y		
J7313	INJECTION FA INTRAVITREAL IMPLANT (Llucien) 0.01 MG	Healthcare Administered Drugs	Y		
J7314	INJECTION FA INTRAVITREAL IMPLANT (Yutiq), 0.01 MG	Healthcare Administered Drugs	Y		
J7316	INJECTION OCRIPLASMIN 0.125 MG	Healthcare Administered Drugs	Y		
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7320	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Y		
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y		
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y		
J7325	HYALURONAN DERIV SYNIVISC SYNIVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y		
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y		
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y		
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y		
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y		
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Y		
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y		
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	Y		
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y		
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y		
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y		
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y		

J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y		
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y		
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y		
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y		
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y		
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y		~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis for drugs within NCH scope direct request to NCH.
J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9020	INJECTION ASPARAGINASE 10000 UNITS	Healthcare Administered Drugs	~	Y~	~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health.
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA. ~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9065	INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9070	CYCLOPHOSPHAMIDE 100 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9100	INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9119	INJECTION CEMIPILIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9120	INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9150	INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9160	INJECTION DENILEUKIN DIFTITOX 300 MCG	Healthcare Administered Drugs	Y		
J9171	INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9181	INJECTION ETOPOSIDE 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (infugem), 100 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9209	INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y		
J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y		One J code unit allowed per calendar year. All units in excess of one unit/year requires PA. ~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	Y		
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y		

J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9245	INJECTION MELPHALAN HCI NOS 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9247	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9250	METHOTREXATE SODIUM 5 MG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
J9260	METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~	Y~	~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Y	Y~	Replaces Code C9095~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.

J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9281	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	Y		~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.

J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y		
J9340	INJECTION THIOTEPA 15 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9359	INJ, LONCASTUXIMAB TESIRINE-LYPL, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9370	VINCRIStINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9371	INJECTION VINCRIStINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9390	INJECTION VINOReLBINE TARTRATE 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis for drugs within NCH scope direct request to NCH.
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y		
Q2017	INJECTION TENIPOSIDE 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
Q2049	INJ DOXORUBICIN HCl LIP IMPORTED LIPODOX 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y		
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y		
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y		
Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y		
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y		

Q5105	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 U	Healthcare Administered Drugs	Y		
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5109	INJECTION INFlixIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y		
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY-If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (ruxience), 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ziextenzo), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (avsola), 10 MG	Healthcare Administered Drugs	Y		
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics, inpatient, or non cancer diagnosis request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y		
Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	Y~	Replaces C9096~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
Q9991	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	Y		
Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	Y		
S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y		
S0073	INJECTION AZTREONAM 500 MG	Healthcare Administered Drugs	Y		
S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y		
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y		
S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y		
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y		
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	Y		
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	Y		
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y		
S0189	TESTOSTERONE PELLETT 75 MG	Healthcare Administered Drugs	Y		
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	Y		
G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y		

G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Home Health Care Services	Y		
G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y		
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y		
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Y		
G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y		
G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y		
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y		
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Y		
G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y		
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y		
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y		
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y		
S5111	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Y		
S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	Home Health Care Services	Y		
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Y		
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Y		
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	Y		
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Y		
S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Home Health Care Services	Y		
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Y		
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Y		
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y		
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y		
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Y		
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Y		
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Y		
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	Y		
T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y		
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y		
T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Y		
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Y		
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Y		
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Home Health Care Services	Y		

T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Y		
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y		
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2004	XCELLISTEM, PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2005	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2006	NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2007	RESTRATA PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2008	THERAGENESIS PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2009	SYMPHONY PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2010	APIS PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2011	SUPRA SDRM PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2012	SUPRATHEL PER SQ CM	Hyperbaric/Wound Therapy	Y		
A2013	INNOVAMATRIX FS PER SQ CM	Hyperbaric/Wound Therapy	Y		
A4100	SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	Hyperbaric/Wound Therapy	Y		
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y		
G0460	AUTOLOGOUS PLATELET-RICH PLASMA	Hyperbaric/Wound Therapy	Y		
G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Hyperbaric/Wound Therapy	Y		
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4102	OASIS WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4103	OASIS BURN MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4105	INTEGRA DRT INTEGRA OMNIGR DRML RGN MTX P SQ CM	Hyperbaric/Wound Therapy	Y		
Q4106	DERMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4107	GRAFTJACKET PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4108	INTEGRA MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4110	PRIMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4111	GAMMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4112	CYMETRA INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y		
Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y		
Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y		
Q4115	ALLOSKIN PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4116	ALLODERM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4117	HYALOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4118	MATRISTEM MICROMATRIX 1 MG	Hyperbaric/Wound Therapy	Y		
Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4122	DERMACELL PER SQ CM	Hyperbaric/Wound Therapy	Y		

Q4123	ALLOSKIN RT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4126	MEMODERM DERMSPAN TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4127	TALYMED PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4134	HMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4135	MEDISKIN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4136	E-Z DERM PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4137	AMNIOEXCEL OR BIODExcel PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4138	BIODFENCE DRYFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4139	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y		
Q4140	BIODFENCE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4141	ALLOSKIN AC PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4143	REPRIZA PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4145	EPIFIX INJECTABLE 1 MG	Hyperbaric/Wound Therapy	Y		
Q4146	TENSIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4148	NEOX CORD 1K NEOX CORD RT CLARIX CORD 1K-SQ CM	Hyperbaric/Wound Therapy	Y		
Q4149	EXCELLAGEN 0.1 CC	Hyperbaric/Wound Therapy	Y		
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4152	DERMAPURE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4154	BIOVANCE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4155	NEOXFLO OR CLARIXFLO 1 MG	Hyperbaric/Wound Therapy	Y		
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4161	BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y		

Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4164	HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4165	KERAMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4166	CYTAL PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4167	TRUSKIN PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4168	AMNIOBAND 1 MG	Hyperbaric/Wound Therapy	Y		
Q4169	ARTACENT WOUND PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4170	CYGNUS PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4171	INTERFYL 1 MG	Hyperbaric/Wound Therapy	Y		
Q4173	PALINGEN OR PALINGEN XPLUS PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	Hyperbaric/Wound Therapy	Y		
Q4175	MIRODERM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4176	NEOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4177	FLOWERAMNIOFLO, 0.1 cc	Hyperbaric/Wound Therapy	Y		
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	Y		
Q4183	SURGIGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4184	CELLESTA PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Hyperbaric/Wound Therapy	Y		
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4188	AMNIOARMOR PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4189	ARTACENT AC 1 MG	Hyperbaric/Wound Therapy	Y		
Q4190	ARTACENT AC PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4191	RESTORIGIN PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4192	RESTORIGIN 1 CC	Hyperbaric/Wound Therapy	Y		
Q4193	COLL-E-DERM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4194	NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4195	PURAPLY PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4199	CYGNUS MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4200	SKINTE PER SQ CM	Hyperbaric/Wound Therapy	Y		

Q4201	MATRION PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4202	KEROXX (2.5G CC) 1CC	Hyperbaric/Wound Therapy	Y		
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4204	XWRAP PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4206	FLUID FLOW OR FLUID GF 1 CC	Hyperbaric/Wound Therapy	Y		
Q4208	NOVAFIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4209	SURGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4211	AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4212	ALLOGEN PER CC	Hyperbaric/Wound Therapy	Y		
Q4213	ASCENT 0.5 MG	Hyperbaric/Wound Therapy	Y		
Q4214	CELLESTA CORD PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	Y		
Q4216	ARTACENT CORD PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4217	WNDFIX BIOWND WNDFIX PLUS BIOWND PLUS WNDFIX X PLU	Hyperbaric/Wound Therapy	Y		
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4220	BELLACELL HD OR SUREDERM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4222	PROGENAMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4224	HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4225	AMNIOBIND PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4226	NEW SKIN HOMOLOGOUS AUTOGRAFT	Hyperbaric/Wound Therapy	Y		
Q4227	AMNIOCORETM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC	Hyperbaric/Wound Therapy	Y		
Q4231	CORPLEX P PER CC	Hyperbaric/Wound Therapy	Y		
Q4232	CORPLEX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4233	SURFACTOR OR NUDYN PER 0.5 CC	Hyperbaric/Wound Therapy	Y		
Q4234	XCELLERATE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4235	AMNIOREPAIR OR ALTIPLY PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4237	CRYO-CORD PER SQ CM	Hyperbaric/Wound Therapy	Y		

Q4238	DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y		
Q4241	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y		
Q4242	AMNIOCYTE PLUS PER 0.5 CC	Hyperbaric/Wound Therapy	Y		
Q4244	PROCENTA PER 200 MG	Hyperbaric/Wound Therapy	Y		
Q4245	AMNIOTEXT PER CC	Hyperbaric/Wound Therapy	Y		
Q4246	CORETEXT OR PROTEXT PER CC	Hyperbaric/Wound Therapy	Y		
Q4247	AMNIOTEXT PATCH PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4249	AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4251	VIM PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4254	NOVAFIX DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4255	REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y		
Q4256	MYOWN SKIN INCL HARVEST AND PREP PROC PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4257	RELESE PER SQ CM	Hyperbaric/Wound Therapy	Y		
Q4258	ENVERSE PER SQ CM	Hyperbaric/Wound Therapy	Y		
70336	MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

71250	CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71260	CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71270	CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73206	CT ANGIOGRAPHY UPPER EXTREMITY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73706	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75563	CARDIAC MRI W W O CONTRAST W STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76390	MRI SPECTROSCOPY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
76999	UNLISTED US PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77084	BONE MARROW BLOOD SUPPLY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77089	TBS DXA/OTHER IMG CALCULATION W/I and R FX RISK	Imaging & Special Tests	Y		
77090	TBS TECHL PREP and TRANSMIS DATA ALYS PFRMD ELSEWHR	Imaging & Special Tests	Y		
77091	TBS TECHNICAL CALCULATION ONLY	Imaging & Special Tests	Y		
77092	TBS INTERPRETATION and REPORT FX RISK BY OTHER QHP	Imaging & Special Tests	Y		

78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
78428	CARDIAC SHUNT DETECTION	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78430	MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78432	MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78433	MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78468	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78491	MYOCDR IMAGE PET PERFUS SINGLE STUDY REST STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78492	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
91113	GI TRACT IMAGING INTRALUMINAL COLON I and R	Imaging & Special Tests	Y		
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93243	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	Imaging & Special Tests	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93313	ECHO R-T 2D W PROBE PLACEMENT ONLY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93350	ECHO TTHRC R-T 2D W WO M-MODE COMPLETE REST AND ST	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93351	ECHO TTHRC R-T 2D W WO M-MODE REST AND STRS CONT ECG	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93459	CATH PLMT L HRT ARTS GRFTS WNJX AND ANGIO IMG S AND I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0331T	MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0332T	MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	Imaging & Special Tests	N		
0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS	Imaging & Special Tests	N		
0503T	COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL	Imaging & Special Tests	N		
0504T	COR FFR CTA DATA REVIEW W INTERPJ AND FINAL REPORT	Imaging & Special Tests	N		

0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0623T	AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0624T	AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0625T	AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0626T	AUTO QUAN and CHARAC CORONARY PLAQ REV CPTR ALYS I and R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0689T	QUAN US TISS CHARAC I and R W/O DX US SAME ANAT	Imaging & Special Tests	Y		
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I and R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9505	THALLIUM TL-201 THALLOUS CHLORID DX PER MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9512	TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9538	TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9540	TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA

A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9560	TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
A9700	SUP OF INJ CONTRST MAT-ECHO P/STUDY	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology code delegated to NCH for KY, NV, OH, WA
C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8921	TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE	Imaging & Special Tests	N		
C8922	TTE W CONTRAST OR W O FLW W CONTRAST; F U OR LTD	Imaging & Special Tests	N		
C8923	TTE FLW W CNTRST R-T DOC 2D INCL M-MODE REC CMPL	Imaging & Special Tests	N		
C8924	TTE FLW W CNTRST R-T 2D INCL M-MODE REC FU LTD	Imaging & Special Tests	N		
C8925	TEE W OR W O FLW W CNTRST REAL TIME 2D; ACQ I AND R	Imaging & Special Tests	N		
C8926	TEE W OR W O FLW W CNTRST; PROBE PLCMT ACQ I AND R	Imaging & Special Tests	N		
C8928	TTE W CNTRST INCL M-MODE REC REST AND CV ST W I AND R	Imaging & Special Tests	N		
C8929	TTE CMPL SPEC DOPPLER AND COLOR FLOW DOPPLER ECHO	Imaging & Special Tests	N		
C8930	TTE CMPL DUR REST AND CVST W I AND R W PHYS SUP	Imaging & Special Tests	N		
C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C9762	CMRI MORPHOL and FUNC QUAN SEG DYSFUNC;STRAIN IMAG	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C9763	CMRI MORPHOL and FUNC QUAN SEG DYSFUNC;STRESS IMAG	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0219	PET IMAG WHOLE BODY; MELANOMA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0252	PET IMAG INIT DX BREST CA AND SURG PLAN	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

G2066	INTG DVC EVAL RMT TO 30 D;RCPT TRANS AND TECH RVW	Imaging & Special Tests	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	Imaging & Special Tests	N		
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Y		
95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	Y		
95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	Y		
95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y		
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Y		
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Y		
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	Y		
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Y		
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	Y		
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y		
95718	EEG PHYS QHP 2-12 HR WITH VEEG	Neuropsychological and Psychological Tests	Y		
95719	EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR WO VI	Neuropsychological and Psychological Tests	Y		
95720	EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR W VEE	Neuropsychological and Psychological Tests	Y		
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Y		
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Y		
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Y		
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y		
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Y		

95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y		
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Y		
96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y		
96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y		
96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y		
96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Y		
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y		
96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Neuropsychological and Psychological Tests	Y		
96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Y		
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y		
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Neuropsychological and Psychological Tests	Y		
96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y		
96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y		
96138	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y		
96139	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y		
96146	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Neuropsychological and Psychological Tests	Y		
17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
20560	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
20561	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
21601	EXCISION CH WAL TUM INC RIB(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
21620	OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
21627	STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

21630	RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22634	ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23120	CLAVICULECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23125	CLAVICULECTOMY TOTAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23405	TENOTOMY SHOULDER AREA 1 TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23430	TENODESIS LONG TENDON BICEPS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
26499	CORRECTION CLAW FINGER OTHER METHODS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27407	REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27409	RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

27420	RCNSTJ DISLOCATING PATELLA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27425	LATERAL RETINACULAR RELEASE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27427	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27428	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27600	DCMPRN FASCT LEG ANT and /LAT COMPARTMENTS ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
27602	DCMPRN FASCT LEG ANT and /LAT and PST CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
28005	INCISION BONE CORTEX FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28008	FASCIOTOMY FOOT AND TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28116	OSTECTOMY TARSAL COALITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28130	TALECTOMY ASTRAGALECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28140	METATARSECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28173	RADICAL RESECTION TUMOR METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28264	CAPSULOTOMY MIDTARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28270	CAPSUL MITTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28280	SYNDACTYLIZATION TOES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28285	CORRECTION HAMMERTOES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28288	OSTC PRTL EXOSTC CONDYLIC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

28302	OSTEOTOMY TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28340	RCNSTJ TOE MACRODUCTYLY SOFT TISSUE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28341	RCNSTJ TOE MACRODUCTYLY REQUIRING BONE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28344	RECONSTRUCTION TOE POLYDUCTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28360	RECONSTRUCTION CLEFT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
30520	SEPTOPLASTY SUBMUCOUS RESECT W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
30540	REPAIR CHOANAL ATRESIA INTRANASAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32098	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32100	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32110	THORCOM CTRL TRAUMTC HEMRRG and /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32140	THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32141	THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32151	THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32160	THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32440	REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32501	RESCJ and BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32507	THORACOTOMY W/DX WEDGE RESEXN and ANATOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32650	THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32658	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32669	THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32670	THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32671	THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32674	THORCOSPY W/MEDIASTINL and REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
32997	TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
32998	ABLATION THER 1 PLUS PULM TUMORS PERQ RADIOFREQUENCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33017	PERQ PRCRD DRG 6YR Plus W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33050	RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33130	RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33202	INSERTION EPICARDIAL ELECTRODE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33212	INS PM PLS GEN W EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33227	REMLV PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33228	REMLV PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33229	REMLV PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33255	ABLATION and RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33256	ABLATION and RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33257	ATRIA ABLATE and RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33258	ATRIA ABLTJ and RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33259	ATRIA ABLTJ and RCNSTJ W/OTHER PX EXTEN W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33265	NDSC ABLATION and RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33266	NDSC ABLATION and RCNSTJ ATRIA EXTEN W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33300	REPAIR CARDIAC WOUND W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMNT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33414	RPR VENTR O/F TRC OBSTR CJ PATCH ENLGMT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33415	RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33416	VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/NO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33475	REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33516	CORONARY ARTERY BYPASS 6/ Plus CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33517	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33518	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33519	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33521	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 4 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33522	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 5 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33523	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 6 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33542	MYOCARDIAL RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33619	RPR 1 VNTRC W/O/F OBSTR CJ and AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33647	RPR ATRIAL and VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33676	CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33690	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33692	Complete Repair Tetralogy of Fallot without Pulmonary atresia	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33702	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33720	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33726	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33802	DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33863	AS-AORT GRF W/CARD BYP and AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33866	AORTIC HEMIARCH GRAFT W/ISOL and CTRL ARCH VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

33924	LIG and TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL and LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34501	VALVULOPLASTY FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34502	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

34701	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34702	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34703	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34704	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34705	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34706	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34707	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34708	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL and LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34709	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

34710	THRMBC DIR/W/CATH AXILL and SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34711	DLVD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34716	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34717	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34718	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

34808	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34812	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34813	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34820	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34830	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34831	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34833	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34834	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

34839	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34841	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34842	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34843	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34844	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34846	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34847	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
34848	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35001	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35002	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35005	OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35013	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35021	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35022	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35081	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35082	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35091	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35102	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35103	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35111	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35112	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35121	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35122	DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35132	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35141	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35142	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35152	DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35182	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

35189	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35201	REPAIR BLOOD VESSEL DIRECT NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35216	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35221	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35303	TEAEC W/GRAFT POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35351	TEAEC W/WO PATCH GRAFT ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35510	BYPASS W/VEIN CAROTID-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35518	BYPASS W/VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35521	BYPASS W/VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35522	BYPASS W/VEIN AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35535	BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35536	BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35537	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35538	BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35539	BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35540	BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35558	BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35560	BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35563	BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35565	BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35601	BYP OTH/THN VEIN COMMON-IPILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35636	BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35637	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35647	BYP OTH/THN VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35663	BYP OTH/THN VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35665	BYP OTH/THN VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35691	TRPOS and /RIMPLTJ VERTEBRAL CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35693	TRPOS and /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35694	TRPOS and /RIMPLTJ SUBCLAVIAN CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35695	TRPOS and /RIMPLTJ CAROTID SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35701	EXPLORATION N/FLWD SURG NECK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35870	RPR GRF-ENTERIC FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
35901	EXCISION INFECTED NECK GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35903	EXCISION INFECTED GRAFT EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

35905	EXCISION INFECTED GRAFT THORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
35907	EXCISION INFECTED GRAFT ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36005	NJX PX XTR VNDRPH W/INTRO NDL/INTRACATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36200	INTRODUCTION CATHETER AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

36217	SLCTV CATHJ 3RD Plus ORD SLCTV THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36247	SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36460	TRANSFUSION INTRAUTERINE FETAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOGRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOGRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37565	LIGATION INTERNAL JUGULAR VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37600	LIGATION EXTERNAL CAROTID ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37609	LIGATION/BIOPSY TEMPORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37618	LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37650	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
37660	LIGATION OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38209	TRNSP PREP HEMATOP PROG THAW PREV HRV WSH PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

38746	THORCOM THRC W/MEDSTNL and REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
39200	RESECTION OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
39220	RESECTION MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
46948	LIGATION HEMORRHOID BUNDLE W US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47380	ABLTI OPN 1 OR GRT LVR TUM RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47381	ABLTI OPN 1 OR GRT LVR TUM CRYOSURG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47382	ABLTI 1 OR GRT LVR TUM PRQ RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
49904	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64583	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG and RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
67900	REPAIR BROW PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
67909	REDUCTION OVERCORRECTION PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
67950	CANTHOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
68841	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69719	REVJ/RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69726	REMOVAL OI IMPLT SKULL PERQ ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69727	REMOVAL OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
76932	US ENDOMYOCARDIAL BIOPSY RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.

92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93225	XTRNL ECG & 48 HR RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93294	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LEAD PM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93296	INTERROGATION REMOTE </90 D TECHNICIAN REVIEW	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93297	INTERROGATION EVAL REMOTE </30 D CV MNTR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93298	INTERROGATION EVALUATION REMOTE </30 D ILR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93319	3D ECHO IMG and PST-PXESSING TEE/TTE CGEN CAR ANOMAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93505	ENDOMYOCARDIAL BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93567	NJX SUPRAVALV AORTOG HRT CATH W/S AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93568	NJX PULMONARY ANGIO HRT CATH W/S AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93593	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93594	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93595	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93596	R and L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93597	R and L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93598	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93600	BUNDLE OF HIS RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93602	INTRA-ATRIAL RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93603	RIGHT VENTRICULAR RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93610	INTRA-ATRIAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93612	INTRAVENTRICULAR PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93623	PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93631	INTRAOP EPICAR AND ENDOCAR PACG AND MAPG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.

93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21; NV 4/1/22; OH 4/1/22. Adults send request to NCH. For Pediatrics, no PA required.
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0671T	INSJ ANT SGM DRG DEV TRAB MW W/O RES and CTRC RMVL1 Plus	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0672T	NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK and URT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0673T	ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0686T	HISTOTRIPTY MAL HEPATOCELLULAR TISS W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0687T	TX AMBLYOPIA DEV SUPLY EDUCATIONAL SETUP 1ST SES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0688T	TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C1825	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C1831	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9761	CYSTO, LITHO, VACUUM KIDNEY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9764	REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9765	REV EVAR ANY VES;IV LITHOTRIPTY and TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9766	REV EVAR ANY VES;IV LITHOTRIPTY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		

C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9769	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9770	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOLOG AGENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9771	NASAL/SINUS ENDO CRYO NSL TISS and / NERVE UNIL/BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
G2170	AVF BY TISSUE W THERMAL E	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
G2171	AVF USE MAGNETIC/ART/VEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y		
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y		
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y		
62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Pain Management Procedures	Y		
62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Pain Management Procedures	Y		
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y		
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y		
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y		
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y		
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y		
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y		
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y		
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y		
63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Pain Management Procedures	Y		
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y		
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y		
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Y		
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Y		
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y		
64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Y		
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Y		
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Y		
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Y		

64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Y		
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Y		
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	Y		
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y		
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y		
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y		
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y		
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y		
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y		
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	Y		
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y		
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	Y		
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Pain Management Procedures	Y		
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y		
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y		
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y		
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y		
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y		
92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y		
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Physical, Occupational, and Speech Therapy	Y		
97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Y		
97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC RE-EDU	Physical, Occupational, and Speech Therapy	Y		
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		
97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	Y		
K1022	ADD LE PROS ENDOSK KNEE DISART ABV K HIP DISAR	Prosthetics & Orthotics	Y		
L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Prosthetics & Orthotics	Y		
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y		
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y		
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y		
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y		

L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Prosthetics & Orthotics	Y		
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y		
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y		
L0650	LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y		
L0700	CTLISO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y		
L0710	CTLISO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y		
L1000	CTLISO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y		
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y		
L1110	ADD CTLISO SCOLIOS RING FLNGE MOLD PT MDL	Prosthetics & Orthotics	Y		
L1640	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Prosthetics & Orthotics	Y		
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y		
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y		
L1700	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Prosthetics & Orthotics	Y		
L1710	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Prosthetics & Orthotics	Y		
L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Prosthetics & Orthotics	Y		
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y		
L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Prosthetics & Orthotics	Y		
L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	Y		
L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	Y		
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y		
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y		
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y		
L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	Y		
L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Prosthetics & Orthotics	Y		
L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Prosthetics & Orthotics	Y		
L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Prosthetics & Orthotics	Y		
L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Prosthetics & Orthotics	Y		
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	Y		
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	Y		
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Prosthetics & Orthotics	Y		
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	Y		
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Prosthetics & Orthotics	Y		
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Prosthetics & Orthotics	Y		
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y		
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y		
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	Y		
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y		

L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y		
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y		
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y		
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y		
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y		
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y		
L2050	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Prosthetics & Orthotics	Y		
L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Prosthetics & Orthotics	Y		
L2080	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Prosthetics & Orthotics	Y		
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y		
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y		
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y		
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y		
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y		
L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Prosthetics & Orthotics	Y		
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y		
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y		
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Y		
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Y		
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Y		
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y		
L7700	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Prosthetics & Orthotics	Y		
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Y		
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y		
L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Prosthetics & Orthotics	Y		
L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	Y		
L8694	AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Prosthetics & Orthotics	Y		
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	Y		
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77261	THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77262	THER RAD TX PLNNING INTRM	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77263	THER RAD TX PLNNING CPLX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77300	BASIC RADIATION DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77373	STEREOTACTIC BODY RADIATION DELIVERY	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77401	RADIATION TX DELIVERY SUPERFICIAL and /ORTHO VOLTA	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77407	RADIATION TX DELIVERY 1 MEV Equal to GT INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77412	RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1 OR GT ISOCENTER	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77470	SPECIAL TREATMENT PROCEDURE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.

77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77768	HDR RDNCL SK SRF BRCHYTX LES GT 2CM and 2CHAN/MLT LES	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.

G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.

G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO KY and NV 10/1/22; For Adults over 18 with cancer diagnosis direct request to NCH. For Pediatrics no PA Required.
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y		
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y		
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y		
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y		
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y		
E0561	HUMDIFIR NON-HEATED USED W POS AIRWAY PRESS DEVC	Sleep Studies	N		
E0562	HUMDIFIR HEATED USED W POS ARWAY PRESSURE DEVICE	Sleep Studies	N		
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Sleep Studies	N		
G0398	HST W TYPE II PRTBLE MON UNATTENDED MIN 7 CH	Sleep Studies	N		

G0399	HST W TYPE III PRTBLE MON UNATTENDED MIN 4 CH	Sleep Studies	N		
G0400	HST W TYPE IV PRTBLE MON UNATTENDED MIN 3 CH	Sleep Studies	N		
32850	INJ FERRIC PYROPHOSPHATE CITRATE SOL 0.1 MG IRON	Transplants/Gene Therapy	Y		
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	Y		
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	Y		
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y		
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y		
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	Y		
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	Y		
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	Y		
33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y		
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	Y		
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y		
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	Y		
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	Y		
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y		
33995	INSJ PERQ VAD W/RS and I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	Y		
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y		
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Transplants/Gene Therapy	Y		
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y		
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y		
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y		
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y		
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y		
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	Y		
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y		
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	Y		
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	Y		
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y		
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y		
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y		
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y		
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y		
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y		
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y		
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y		
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y		

47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y		
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	Y		
47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	Y		
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y		
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y		
48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	Y		
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y		
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y		
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y		
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y		
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y		
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y		
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y		
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y		
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y		
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y		
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y		
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y		
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y		
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y		
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y		
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y		
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y		
81560	TRNSPLJ PED LVR and BWL MES CD154 Plus T CLL WHL PRPH BLD	Transplants/Gene Therapy	Y		
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy	Y		
0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Transplants/Gene Therapy	Y		
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y		
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y		
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y		
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y		
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	Y~	~APPLIES TO KY 10/1/22; For Pediatrics request direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH. For Nevada this drug is carved out to the state.

Q2042	TISAGENLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	Y~	~APPLIES TO KY 10/1/22; For Pediatrics request direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH. For Nevada this drug is carved out to the state.
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	Y~	~APPLIES TO KY 10/1/22; For Pediatrics request direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH. For Nevada this drug is carved out to the state.
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	Y~	~APPLIES TO KY 10/1/22; For Pediatrics request direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH. For Nevada this drug is carved out to the state.
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	Y~	~APPLIES TO KY 10/1/22; For Pediatrics request direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH. For Nevada this drug is carved out to the state.
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR Plus T LEUKAPH	Transplants/Gene Therapy	Y	Y~	~APPLIES TO KY 10/1/22; For Pediatrics request direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH. For Nevada this drug is carved out to the state.
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	Y	Y~	~KY and NV-If requesting under the Medical benefit, adult members with cancer diagnosis (outpatient treatment) should submit authorization requests to New Century Health. Pediatric members do not require authorization unless inpatient request or Non PAR.
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	Y		
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	Y		
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	Y		
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	Y		
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	Y		

S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	Y		
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	Y		
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y		
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	Y		
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	Y		
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	Y		
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y		
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y		
S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	Y		
S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	Y		
1999	UNLISTED ANESTHESIA PROCEDURE	Unlisted/Miscellaneous	Y		
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Unlisted/Miscellaneous	Y		
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	Y		
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y		
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Unlisted/Miscellaneous	Y		

21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	Y		
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	Y		
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Unlisted/Miscellaneous	Y		
21899	UNLISTED PROCEDURE NECK THORAX	Unlisted/Miscellaneous	Y		
22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	Y		
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	Y		
23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	Y		
24999	UNLISTED PROCEDURE HUMERUS ELBOW	Unlisted/Miscellaneous	Y		

25999	UNLISTED PROCEDURE FOREARM WRIST	Unlisted/Miscellaneous	Y		
26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	Y		
27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	Y		
27599	UNLISTED PROCEDURE FEMUR KNEE	Unlisted/Miscellaneous	Y		
27899	UNLISTED PROCEDURE LEG ANKLE	Unlisted/Miscellaneous	Y		
28899	UNLISTED PROCEDURE FOOT TOES	Unlisted/Miscellaneous	Y		
29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	Y		
30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	Y		
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Unlisted/Miscellaneous	Y		
31599	UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous	Y		
31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous	Y		
32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous	Y		
33999	UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous	Y		
36299	UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous	Y		
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO KY 1/1/21; WA 10/1/21. NV and OH 4/1/22. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	Y		
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	Y		

38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y		
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y		
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	Y		
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	Y		
40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	Y		
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Unlisted/Miscellaneous	Y		
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	Y		
42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	Y		
42699	UNLISTED PX SALIVARY GLANDS DUCTS	Unlisted/Miscellaneous	Y		
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Unlisted/Miscellaneous	Y		
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y		
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y		
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	Y		
43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	Y		
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Unlisted/Miscellaneous	Y		
44799	UNLISTED PROCEDURE SMALL INTESTINE	Unlisted/Miscellaneous	Y		
44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Unlisted/Miscellaneous	Y		
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Unlisted/Miscellaneous	Y		
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	Y		
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Unlisted/Miscellaneous	Y		
45999	UNLISTED PROCEDURE RECTUM	Unlisted/Miscellaneous	Y		
46999	UNLISTED PROCEDURE ANUS	Unlisted/Miscellaneous	Y		
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Unlisted/Miscellaneous	Y		
47399	UNLISTED PROCEDURE LIVER	Unlisted/Miscellaneous	Y		
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y		
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y		

48999	UNLISTED PROCEDURE PANCREAS	Unlisted/Miscellaneous	Y		
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Unlisted/Miscellaneous	Y		
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Unlisted/Miscellaneous	Y		
49999	UNLIS PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Unlisted/Miscellaneous	Y		
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Unlisted/Miscellaneous	Y		
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Unlisted/Miscellaneous	Y		
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Unlisted/Miscellaneous	Y		
53899	UNLISTED PROCEDURE URINARY SYSTEM	Unlisted/Miscellaneous	Y		
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	Y		
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	Y		

55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	Y		
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y		
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y		

58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	Y		
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	Y		
59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Unlisted/Miscellaneous	Y		
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	Y		
59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	Y		
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y		
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y		
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	Y		
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Unlisted/Miscellaneous	Y		
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	Y		

67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Unlisted/Miscellaneous	Y		
67599	UNLISTED PROCEDURE ORBIT	Unlisted/Miscellaneous	Y		
67999	UNLISTED PROCEDURE EYELIDS	Unlisted/Miscellaneous	Y		
68399	UNLISTED PROCEDURE CONJUNCTIVA	Unlisted/Miscellaneous	Y		
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	Y		
69399	UNLISTED PROCEDURE EXTERNAL EAR	Unlisted/Miscellaneous	Y		
69799	UNLISTED PROCEDURE MIDDLE EAR	Unlisted/Miscellaneous	Y		
69949	UNLISTED PROCEDURE INNER EAR	Unlisted/Miscellaneous	Y		
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Unlisted/Miscellaneous	Y		
76496	UNLISTED FLUOROSCOPIC PROCEDURE	Unlisted/Miscellaneous	Y		
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Unlisted/Miscellaneous	Y		
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.

77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or Inpatient requests, direct request to the healthplan. For Adults over 18 with cancer diagnosis, direct request to NCH.
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Unlisted/Miscellaneous	Y		
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y		
79999	RP THERAPY UNLISTED PROCEDURE	Unlisted/Miscellaneous	Y		
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Unlisted/Miscellaneous	Y		
81099	UNLISTED URINALYSIS PROCEDURE	Unlisted/Miscellaneous	Y		
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Unlisted/Miscellaneous	Y		
86486	SKIN TEST UNLISTED ANTIGEN EACH	Unlisted/Miscellaneous	Y		
86849	UNLISTED IMMUNOLOGY	Unlisted/Miscellaneous	Y		
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Unlisted/Miscellaneous	Y		
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y		
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y		
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous	Y		
87899	IAADIADOO NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
87999	UNLISTED MICROBIOLOGY	Unlisted/Miscellaneous	Y		
88099	UNLISTED NECROPSY PROCEDURE	Unlisted/Miscellaneous	Y		
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y		
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	Y		
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y		
88749	UNLISTED IN VIVO LABORTORY SERVICE	Unlisted/Miscellaneous	Y		
89240	UNLIS MISC PATH	Unlisted/Miscellaneous	Y		
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Unlisted/Miscellaneous	Y		
90399	UNLISTED IMMUNE GLOBULIN	Unlisted/Miscellaneous	Y		
90749	UNLISTED VACCINE TOXOID	Unlisted/Miscellaneous	Y		
90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Unlisted/Miscellaneous	Y		
92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Unlisted/Miscellaneous	Y		

93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
94799	UNLISTED PULMONARY SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Unlisted/Miscellaneous	Y		
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	Y		
96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Unlisted/Miscellaneous	Y		
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	Y		
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Unlisted/Miscellaneous	Y		
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y		
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y		
97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Unlisted/Miscellaneous	Y		
99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Unlisted/Miscellaneous	Y		
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99211	OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99226	SBSQ OBSERVATION CARE/DAY 35 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LT	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99239	HOSPITAL DISCHARGE DAY MANAGEMENT GT 30 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99252	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99253	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99254	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99285	EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT FUNCJ	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Unlisted/Miscellaneous	Y		
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y		
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
0708T	INTRADERMAL CANCER IMMNTX PREP and 1ST INJECTION	Unlisted/Miscellaneous	Y		
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Y		
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	Y		
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y		
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Unlisted/Miscellaneous	Y		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y		

A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Unlisted/Miscellaneous	Y		
A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Unlisted/Miscellaneous	Y		
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	Y		
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y		
A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Unlisted/Miscellaneous	Y		
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO KY and NV 10/1/22; For Pediatrics or inpatient request -direct request to the healthplan. For adults over 18 with cancer diagnosis direct request to NCH.
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Y		
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	Y		
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y		
B9999	NOC FOR PARENTERAL SUPPLIES	Unlisted/Miscellaneous	Y		
C1849	SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM	Unlisted/Miscellaneous	Y		
C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Unlisted/Miscellaneous	Y		
C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Unlisted/Miscellaneous	Y		
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	Y		
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Y		
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Y		
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Unlisted/Miscellaneous	Y		
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous	Y		
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y		
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y		
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y		
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y		
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y		
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Y		
K1023	DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP ARM	Unlisted/Miscellaneous	Y		
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
L5999	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y		
L7499	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y		
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		

L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous	Y		
L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous	Y		
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
P9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y		
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous	Y		
P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRGR	Unlisted/Miscellaneous	Y		
Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous	Y		
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	Y		
Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous	Y		
Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous	Y		
Q4051	SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous	Y		
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y		
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	Y		
S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y		
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	Y		
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	Y		
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	Y		
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
T2047	HABILITATION, PREVOCAIONAL, WAIVER; PER 15 MINUTES	Unlisted/Miscellaneous	Y		
T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y		
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous	Y		
V2524	CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS	Unlisted/Miscellaneous	Y		
V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous	Y		
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y		
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y		
V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y		



CA CODE/BENEFIT EXCEPTIONS

Effective Q4, 2022

Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: PA is required for Medicaid - Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT).

Outpatient Physical, Occupational, Speech Therapy: PA after eval plus 12 visits.

Home Health: PA after eval plus 6 visits for Medicaid and Marketplace. Medicare only requires authorization after the first 60 day episode of care.

Link to Provider Frequently Used Forms:

MediCal: <https://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>

Marketplace: <https://www.molinahealthcare.com/providers/ca/marketplace/forms/pages/fuf.aspx>

MMP: <https://www.molinahealthcare.com/providers/ca/duals/forms/pages/fuf.aspx>

Medicare: <https://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>

Healthcare Administered Drug Requests faxed to:

Medicare via Novologix Provider Portal or fax at 800-391-6437 Medicare & Marketplace 866-508-6445

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81205	NC				
81333	NC				
90291	NC				
90867	NC				
90868	NC				
90869	NC				
96125	NC				
97153	NC				
97154	NC				
97155	NC				
97156	NC				
97157	NC				
97158	NC				
0022U	NC				
0048U	NC				
0049U	NC				
0053U	NC				
0055U	NC				
0056U	NC				
0058U	NC				
0059U	NC				
0060U	NC				

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0447T	NC				
0448T	NC				
0525T	NC				
0537T	NC				
0538T	NC				
0539T	NC				
A4269	N*				*No PA Required when submitted with Modifier U1 (Retro to 9/1/20)
A4563	NC				
A4649	N*				*No PA Required when submitted with Modifier U1 or U2 (Retro to 9/1/20)
A5514	NC				
A9274	NC				
C8937	NC				
C9758	NC				
E0652	NC				
G0219	NC				
G0235	NC				
G0252	NC				
J3490	N*				*No PA Required when submitted with Modifiers U5, U6, or U8 (Retro to 8/1/20)
J7175	NC				
J7179	NC				
J7180	NC				
J7181	NC				
J7182	NC				
J7183	NC				
J7185	NC				
J7186	NC				
J7187	NC				
J7188	NC				
J7189	NC				
J7190	NC				
J7192	NC				
J7193	NC				

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J7194	NC				
J7195	NC				
J7198	NC				
J7200	NC				
J7201	NC				
J7202	NC				
J7203	NC				
J7204	NC				
J7205	NC				
J7207	NC				
J7208	NC				
J7209	NC				
J7210	NC				
J7211	NC				
J7212	NC				
K1001	NC				
K1002	NC				
K1003	NC				
K1004	NC				
L8698	NC				
L8701	NC				
L8702	NC				
H0031	Y	Y	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0032	Y	Y	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2014	Y	Y	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2019	Y	Y	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
98940	Y	NC	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
98941	Y	NC	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21
98942	Y	NC	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21
98943	Y	NC	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21
0564T	Y	Y	ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Experimental/Investigational	NO PA required for members with stage III/IV/Advanced cancer
81120	Y	Y	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81121	Y	Y	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81162	Y	Y	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81163	Y	Y	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81164	Y	Y	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81165	Y	Y	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81166	Y	Y	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81167	Y	Y	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81175	Y	Y	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81176	Y	Y	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81181	Y	Y	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81182	Y	Y	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81183	Y	Y	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81191	Y	Y	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81192	Y	Y	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81193	Y	Y	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81194	Y	Y	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81201	Y	Y	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81202	Y	Y	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81203	Y	Y	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81210	Y	Y	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81212	Y	Y	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81215	Y	Y	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81216	Y	Y	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81217	Y	Y	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81218	Y	Y	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81219	Y	Y	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81233	Y	Y	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81235	Y	Y	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81236	Y	Y	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81246	Y	Y	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81275	Y	Y	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81276	Y	Y	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81277	Y	Y	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81278	Y	Y	IGH@/BCL2 TLCJ ALYS MBR and MCR BP QUAL/QUAN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81279	Y	Y	JAK2 TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81283	Y	Y	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81291	Y	Y	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81292	Y	Y	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81293	Y	Y	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81294	Y	Y	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81295	Y	Y	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81296	Y	Y	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81297	Y	Y	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81298	Y	Y	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81299	Y	Y	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81300	Y	Y	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81305	Y	Y	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81306	Y	Y	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81307	Y	Y	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81308	Y	Y	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81309	Y	Y	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81311	Y	Y	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81312	Y	Y	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81313	Y	Y	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81314	Y	Y	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81317	Y	Y	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81318	Y	Y	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81319	Y	Y	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81320	Y	Y	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81321	Y	Y	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81322	Y	Y	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81323	Y	Y	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81327	Y	Y	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81334	Y	Y	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81335	Y	Y	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81338	Y	Y	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81339	Y	Y	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81345	Y	Y	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81347	Y	Y	SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, A672T, E622D, L833F, R625C, R625L)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81351	Y	Y	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81352	Y	Y	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81353	Y	Y	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81355	Y	Y	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81400	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81401	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81402	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81403	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81404	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81405	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81406	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81407	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81408	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81412	Y	Y	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81415	Y	Y	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81416	Y	Y	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81417	Y	Y	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81425	Y	Y	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81426	Y	Y	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81432	Y	Y	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81433	Y	Y	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81434	Y	Y	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81435	Y	Y	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81436	Y	Y	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81437	Y	Y	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81438	Y	Y	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81443	Y	Y	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81445	Y	Y	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81450	Y	Y	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81455	Y	Y	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81479	Y	Y	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81500	Y	Y	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81503	Y	Y	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81518	Y	Y	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81519	Y	Y	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81520	Y	Y	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81521	Y	Y	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81522	Y	Y	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81523	Y	Y	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81525	Y	Y	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81529	Y	Y	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81538	Y	Y	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81539	Y	Y	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81540	Y	Y	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81541	Y	Y	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81542	Y	Y	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81546	Y	Y	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81551	Y	Y	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81552	Y	Y	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81599	Y	Y	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
84999	Y	Y	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
86152	Y	Y	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
86153	Y	Y	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88261	Y	Y	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88271	Y	Y	MOLECULAR CYTOGENETICS DNA PROBE EACH	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88369	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88373	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88374	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88377	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0001U	Y	Y	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0005U	Y	Y	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0006M	Y	Y	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0007M	Y	Y	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0009U	Y	Y	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0011M	Y	Y	ONC PROSTATE CA MRNA 12 GENES BLD PLSM AND UR ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0012M	Y	Y	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0013M	Y	Y	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0013U	Y	Y	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0014U	Y	Y	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0016M	Y	Y	ONC BLADDER MRNA 209 GEN ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0016U	Y	Y	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0017M	Y	Y	ONC DLBCL MRNA 20 GENES ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0017U	Y	Y	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0018U	Y	Y	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0019U	Y	Y	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0026U	Y	Y	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0027U	Y	Y	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0034U	Y	Y	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS-Thiopurine toxicity ALL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0036U	Y	Y	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0037U	Y	Y	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES-Foundation One, CDx	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0045U	Y	Y	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR-Oncotype	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0046U	Y	Y	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE-Invivoscribe AML	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

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0047U	Y	Y	ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR-Oncotype Dx Prostate	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0050U	Y	Y	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT-My AML Invivoscribe	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0067U	Y	Y	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0069U	Y	Y	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0101U	Y	Y	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0102U	Y	Y	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0103U	Y	Y	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0153U	Y	Y	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0154U	Y	Y	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0155U	Y	Y	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0162U	Y	Y	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0172U	Y	Y	ONC SLD TUM ALYS BRCA1 BRCA2-My Choice CDx	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0174U	Y	Y	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0177U	Y	Y	ONC BRST CA DNA PIK3CA 11	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0179U	Y	Y	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0204U	Y	Y	ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0208U	Y	Y	ONC MTC MRNA XPRSN ALYS 108	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0211U	Y	Y	ONC PAN-TUM DNA&RNA GNRJ SEQ-Caris Life Sciences My Cancer Seek	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0220U	Y	Y	ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0228U	Y	Y	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0238U	Y	Y	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0239U	Y	Y	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0306U	Y	Y	ONC MRD NXT-GNRJ ALYS 1ST	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0307U	Y	Y	ONC MRD NXT-GNRJ ALYS SBSQ	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0313U	Y	Y	ONC PNCRS DNA&MRNA SEQ 74	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0314U	Y	Y	ONC CUTAN MLNMA MRNA 35 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0315U	Y	Y	ONC CUTAN SQ CLL CA MRNA 40	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0317U	Y	Y	ONC LUNG CA 4-PRB FISH ASSAY	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0324U	Y	Y	ONC OVAR SPHRD CELL 4 RX PNL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0325U	Y	Y	ONC OVAR SPHRD CELL PARP	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0326U	Y	Y	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83 Plus	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

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0329U	Y	Y	ONC NEO XOME&TRNS SEQ ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0331U	Y	Y	ONC HL NEO OPT GEN MAPPING	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
S3841	Y	Y	GENETIC TESTING FOR RETINOBLASTOMA	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
J0248	N	N	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	
36474	N		ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	
89258		Y	CRYOPRSRV EMBRYO	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89259		Y	CRYOPRSRV SPRM	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89337		Y	CRYOPRESERVATION MATURE OOCYTE(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89342		Y	STORAGE PER YEAR EMBRYO	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89343		Y	STORAGE PER YEAR SPERM/SEMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89346		Y	STORAGE PER YEAR OOCYTE	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
S4030		Y	SPERM PROCUREMENT AND CRYOPRES SERVICES; INIT VISIT	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600