

**AARP® MedicareComplete® insured through UnitedHealthcare  
2018 Prior Authorization List**



*For questions or more information, please contact Banner Plan Administration at: 480-684-7070*

**All services and procedures, regardless of place of service, must meet medical necessity criteria.**

<b>Organizational Determinations Status Definitions</b>	<p><b>Expedited:</b> When the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy</p> <p><b>Standard:</b> Determination must be made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the date organization receives the request.</p>
<b>Inpatient Admissions</b>	<p><b>Prior</b> authorization is not required for emergent inpatient admission. Please submit a face sheet as a form of notification for acute or post-acute (SNF, AIR, LTAC) to allow for authorization entry and concurrent review.</p>
<b>Out of Network Services</b>	<p>Participating primary care providers must obtain prior authorization for any referral of non-emergency care to a non-participating health care facility or provider. Participating specialists requesting service at a non-participating health care entity must also request prior authorization.</p>
<b>Durable Medical Equipment Advanced Imaging</b>	<p>Equipment (prosthetics, orthotics, equipment and/or associated medical supplies) for which the billed amount exceeds \$1,000.00 retail cost.</p> <p>Requires Prior Authorization: CT/CTA/MRI/MRA/PET Scans - Submit to Evicore. Phone – 888-693-3211; Fax – 888-693-3210; <a href="http://www.evicore.com/pages/providerlogin.aspx">www.evicore.com/pages/providerlogin.aspx</a></p>
<b>Ambulance Services</b>	<p>Non-Emergent all codes</p>
<b>Transplants</b>	<p>All codes excluding corneal transplants.</p>
<b>Genetic Testing</b>	<p>All codes</p>
<b>Home Based Medical Services</b>	<p>All codes</p>
<b>Cosmetic Surgery following Mastectomy for Breast Cancer</b>	<p>Reconstruction procedures are covered but require prior authorization.</p>
<b>Infertility/IVF</b>	<p>All codes</p>
<b>Experimental or Investigational</b>	<p>Experimental, investigational or unproven requests need to be submitted to United Healthcare Medicare.</p>

Code	Description
0282T	Percutaneous Or Open Implantation Of Neurostimulator Electrode Array(S), Subcutaneous (Peripheral Subcutaneous Field Stimulation), Including Imaging Guidance, When Performed, Cervical, Thoracic Or Lumbar; For Trial, Including Removal At The Conclusion Of Trial Period
0283T	Percutaneous Or Open Implantation Of Neurostimulator Electrode Array(S), Subcutaneous (Peripheral Subcutaneous Field Stimulation), Including Imaging Guidance, When Performed, Cervical, Thoracic Or Lumbar; Permanent, With Implantation Of A Pulse Generator

Code	Description
0284T	Revision Or Removal Of Pulse Generator Or Electrodes, Including Imaging Guidance, When Performed, Including Addition Of New Electrodes, When Performed
0296T	iRhythm Zio System Recording
0297T	IRhythm Zio System Scanning Analysis with report
0298T	iRhythm Zio System Review and Interpretation
15820	Blepharoplasty Lower Eyelid
15821	Blepharoplasty Lower Eyelid Herniated Fat Pad
15822	Blepharoplasty Upper Eyelid
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
15824	Rhytidectomy Forehead
15825	Rhytidectomy Neck W/Platysmal Tightening
15826	Rhytidectomy Glabellar Frown Lines
15828	Rhytidectomy Cheek Chin&Neck
15829	Rhytidectomy Smas Flap
15830	Excision Skin Abd Infraumbilical Panniculectomy
15832	Excision Excessive Skin&Subq Tissue Thigh
15833	Excision Excessive Skin&Subq Tissue Leg
15834	Excision Excessive Skin&Subq Tissue Hip
15835	Excision Excessive Skin&Subq Tissue Buttock
15836	Excision Excessive Skin&Subq Tissue Arm
15837	Exc Excessive Skin&Subq Tissue Forearm/Hand
15838	Exc Excsv Skin&Subq Tissue Submental Fat Pad
15839	Excision Excessive Skin&Subq Tissue Other Area
15847	Excision Excessive Skin & Subq Tissue Abdomen
15876	Suction Assisted Lipectomy Head&Neck
15877	Suction Assisted Lipectomy Trunk
15878	Suction Assisted Lipectomy Upper Extremity
15879	Suction Assisted Lipectomy Lower Extremity
19316	Mastopexy
19318	Reduction Mammoplasty
19324	Mammoplasty Augmentation W/O Prosthetic Implant
19325	Mammoplasty, Augmentation; With Prosthetic Implant
19328	Removal Of Intact Mammary Implant
19330	Removal Of Mammary Implant Material
19340	Immediate Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19342	Delayed Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19350	Nipple/Areola Reconstruction
19355	Correction Of Inverted Nipples
19357	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Including
19361	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implant
19364	Breast Reconstruction With Free Flap
19366	Breast Reconstruction With Other Technique
19367	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19368	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19369	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19370	Open Periprosthetic Capsulotomy, Breast
19371	Periprosthetic Capsulectomy, Breast
19380	Revision Of Reconstructed Breast
19396	Preparation Moulage Custom Breast Implant
19499	Unlisted Procedure Breast
21120	Genioplasty Augmentation
21121	Genioplasty Sliding Osteotomy Single Piece

Code	Description
21122	Genioplasty 2/> Sliding Osteotomies
21123	Geniop Sliding Agmntj W/Interposal Bone Grafts
21125	Agmntj Mndblr Body/Angle Prosthetic Material
21127	Agmntj Mndblr Bdy/Angl W/B1 Grf Onlay/Interposal
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21172	Rcnstj Superior-Lateral Orbital Rim&Lower Fhd
21175	Rcnstj Bifrontal Superior-Lat Orb Rims&Lwr Fhd
21179	Rcnstj Forehead&/Supraorb Rims W/Algrf/Prostc
21180	Rcnstj Forehead&/Supraorbital Rims W/Autograft
21181	Rcnstj Contouring Benign Tumor Crnl Bones Xtrc
21182	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf <40Sqcm
21183	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Grf >40 <80Sqcm
21184	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf>80Sq Cm
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts
21193	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/O Grf
21194	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/Graft
21195	Rcnstj Mndblr Rami&/Body Sglt Splt W/O Int Rgd
21196	Rcnstj Mndblr Rami&/Bdy Sglt Splt W/Int Rgd Fixj
21198	Osteotomy Mandible Segmental
21199	Osteotomy Mandible Sgntl W/Genioglossus Advmnt
21206	Osteotomy Maxilla Segmental
21208	Osteoplasty Facial Bones Augmentation
21209	Osteoplasty Facial Bones Reduction
21210	Graft Bone Nasal/Maxillary/Malar Areas
21215	Graft Bone Mandible
21230	Graft Rib Crtlg Autogenous Face/Chin/Nose/Ear
21235	Graft Ear Crtlg Autogenous Nose/Ear
21240	Arthrp Temporomandibular Joint W/Wo Autograft
21242	Arthroplasty Temporomandibular Jt W/Allograft
21243	Arthrp Tmprmand Joint W/Prosthetic Replacement
21244	Rcnstj Mndbl Xtroral W/Transosteal Bone Plate
21245	Rcnstj Mndbl/Maxl Subpriosteal Implant Partial
21246	Rcnstj Mndbl/Maxl Subpriosteal Implant Complete
21247	Rcnstj Mndblr Condyle W/Bone Cartlg Autografts
21248	Rcnstj Mandible/Maxl Endosteal Implant Partial
21249	Rcnstj Mandible/Maxl Endosteal Implant Complete
21255	Rcnstj Zygmtc Arch/Glenoid Fossa W/Bone Cartlg
21256	Reconstruction Orbit W/Osteotomies&Bone Grafts
21260	Periorbital Osteotomies Bone Grafts Extracranial
21261	Periorbital Osteotomies W/Bone Grafts I cra&Xtrc
21263	Periorbital Osteotomies W/Bone Grafts W/Forehead

Code	Description
21267	Orbital Repositioning W/Bone Grafts Extracranial
21268	Orbital Repositioning W/Bone Grafts I cra&Xtrc
21270	Malar Augmentation Prosthetic Material
21275	Secondary Revision Orbitocraniofacial Rcnstj
21280	Medial Canthopexy (Separate Procedure)
21282	Lateral Canthopexy
21295	Reduction Masseter Muscle&Bone Extraoral
21296	Reduction Masseter Muscle&Bone Intraoral
21299	Unlisted Craniofacial&Maxillofacial Procedure
21421	Closed Tx Palatal/Maxillary Fx W/Fixation/Splint
21422	Open Treatment Palatal/Maxillary Fracture
21423	Open Tx Palatal/Maxillary Fx Comp Multiple Appr
21431	Closed Tx Craniofacial Separation
21432	Open Tx Craniofacial Sep W/Wiring&Int Fixj
21433	Open Tx Craniofacial Sep Complicated Mlt Appr
21435	Open Tx Craniofacial Sep Comp W/Int&Xtrnl Fixj
21436	Optx CrnfcI Sep Lft Iii Typ Comp Int Fixj W/Bone
22100	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina O
22101	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22102	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Segment;
22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22222	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22224	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22226	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22830	Exploration Of Spinal Fusion
22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique, Pedicle F
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addi
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition
22847	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addit
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Stru
22849	Reinsertion Of Spinal Fixation Device
22850	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)
22852	Removal Of Posterior Segmental Instrumentation
22855	Removal Of Anterior Instrumentation
23334	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
23335	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume

Code	Description
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23800	Arthrodesis Glenohumeral Joint
23802	Arthrodesis Glenohumeral Jt W/Autogenous Graft
25441	Arthroplasty W/Prosthetic Rplcmt Distal Radius
25442	Arthroplasty W/Prosthetic Rplcmt Distal Ulna
25443	Arthroplasty W/Prosthetic Rplcmt Scaphoid Carpal
25444	Arthroplasty W/Prosthetic Replacement Lunate
25445	Arthroplasty W/Prosthetic Replacement Trapezium
25446	Arthrp W/Prostc Rplcmt Dstl Rds&Prtl/Carpus
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And
27700	Arthroplasty, Ankle;
27702	Arthroplasty, Ankle; With Implant (Total Ankle)
27703	Arthroplasty, Ankle; Revision, Total Ankle
30400	Rhinp Prim Lat&Alar Crtlgs&Elvtn Nasal Tip
30410	Rhinp Prim Complete Xtrnl Parts
30420	Rhinoplasty Primary W/Major Septal Repair
30430	Rhinoplasty Secondary Minor Revision
30435	Rhinoplasty Secondary Intermediate Revision
30450	Rhinoplasty Secondary Major Revision
30460	Rhinp Dfrm W/Colum Lngth Tip Only
30462	Rhinp Dfrm Colum Lngth Tip Septum Osteot
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system
33975	Insertion of Ventricular assist device; extracorporeal, single ventricle
33976	Insertion of Ventricular assist device; extracorporeal, bi-ventricular
33979	Insertion of Ventricular assist device; implantable intracorporeal, single ventricle
33990	Insertion of Ventricular assist device; percutaneous, arterial access only
33991	Insertion of Ventricular assist device; percutaneous, arterial and venous access with transseptal puncture
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity trncal vein (eg, great sasphenous vein; accessory saphenous vein
36466	multiple incompetent trncal veins (eg, great sasphenous vein; accessory saphenous vein), same leg
36468	1/Mlt Njxs Sclrsg Slns Spider Veins Limb/Trunk
36469	1/Mlt Njxs Sclrsg Slns Spider Veins Face
36470	Injection Of Sclerosing Solution; Single Vein
36471	Injection Of Sclerosing Solution; Multiple Veins, Same Leg
36473	Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, <b>mechanochemical: first vein treated</b>
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36476	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36479	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

Code	Description
36483	subsequent vein(s) treated in a single extremity, each through separate access sites
37650	Ligation Of Femoral Vein
37660	Ligation Of Common Iliac Vein
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofe
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance,
37765	Stab Phlebectomy Of Varicose Veins, One Extremity; 10-20 Stab Incisions
37766	Stab Phlebectomy Of Varicose Veins, One Extremity; More Than 20 Incisions
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), One Leg
42120	Resection of palate or extensive resection of lesion
42140	Uvulectomy, excision of uvula
42125	Palatopharyngoplasty
43210	Esophagogastroduodenoscopy, flexible, transoral
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Ro
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Ga
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gas
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43842	Gastric Rstcv W/O Byp Vertical-Banded Gastroply
43843	Gstr Rstcv W/O Byp Oth/Thn Ver-Banded Gstp
43845	Gastric Rstcv W/Prtl Gastrectomy 50-100 Cm
43846	Gastric Rstcv W/Byp W/Short Limb 150 Cm/<
43847	Gastric Rstcv W/Byp W/Sm Int Rcnstj Limit Absrj
43848	Revision Open Gastric Restrictive Px Not Device
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open
43886	Gstr Rstcv Px Opn Revj Subq Port Component Only
43887	Gstr Rstcv Px Opn Rmvl Subq Port Component Only
43888	Gstr Rstcv Opn Rmvl&Rplcmt Subq Port
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy
58180	Supra cervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary (s)
58200	Total Abdominal hysterectomy, including partial vaginectomy, with para aortic and pelvic lymph node sampling, with or without removal of tube(s), with or with out removal of ovary(s)
58210	Radical abdominal hysterectomy
58240	Pelvic Exenteration for gynecologic malignancy, with total abdominal hysterectomy with or with removal of (tubes, ovaries, bladder, ureteral transplantation), and or abdominal perineal resection of rectum and colon and colostomy, or any combination there of.
58260	Vaginal hysterectomy for uterus with 250 grams or less
58262	Vaginal hysterectomy for uterus with 250 grams or less with removal of tubes and or ovaries
58263	Vaginal hysterectomy for uterus with 250 grams or less with removal of tubes and or ovaries with repair of enterocele
58267	Vaginal hysterectomy for uterus with 250 grams or less; with colpo-urethrocytopexy
58270	Vaginal hysterectomy for uterus with 250 grams or less with repair of enterocele
58275	Vaginal hysterectomy with total or partial vaginectomy
58280	Vaginal hysterectomy with total or partial vaginectomy with repair of enterocele
58285	Vaginal hysterectomy, radical
58290	Vaginal hysterectomy for uterus greater than 250 grams

Code	Description
58291	Vaginal hysterectomy for uterus greater than 250 grams with removal of tubes and or ovaries
58292	Vaginal hysterectomy for uterus greater than 250 grams with removal of tubes and or ovaries with repair of enterocele
58293	Vaginal hysterectomy for uterus greater than 250 grams; with colpo-urethrocytopexy
58294	Vaginal hysterectomy for uterus greater than 250 grams with repair of enterocele
58353	Endometrial ablation, thermal, without historoscopic guidance
58356	Endometrial crioablation with ultrasonic guidance, including endometrial curettage, when performed
59400	Routine Obstetrical Care Including antepartum care, vaginal delivery and post partum care
61850	Twist/Burr Hole Impltj Nstim Eltrd Cortical
61860	Crnec/Crx Impltj Nstim Eltrd Cere Cortical
61863	Strtctc Impltj Nstim Eltrd W/O Record 1St Array
61864	Strtctc Impltj Nstim Eltrd W/O Record Ea Array
61867	Strtctc Impltj Nstim Eltrd W/Record 1St Array
61868	Strtctc Impltj Nstim Eltrd W/Record Ea Array
61870	Crnec Impltj Nstim Eltrd Cerebellar Cortical
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver
62350	Impltj Revj/Rpsg lthcl/Edrl Cath Pmp W/O Lam
62360	Impltj/Rplcmt lthcl/Edrl Drug Nfs Subq Rsvr
62361	Impltj/Rplcmt Fs Non-Pgrbl Pump
62362	Impltj/Rplcmt lthcl/Edrl Drug Nfs Pgrbl Pump
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Eq
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve R
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve
63075	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63076	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63077	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,

Code	Description
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Ex
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Co
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63265	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63266	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63267	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63271	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervical
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thoracic
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral
63615	Strctc Bx Aspirat/Exc Lesion Spinal Cord
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
63650	Prq Impltj Nstim Electrode Array Epidural
63655	Lam Impltj Nstim Eltrds Plate/Paddle Edrl
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle,
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Including Fluoroscopy, When Performed
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63663	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electr
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver,
63685	Insj/Rplcmt Spi Npgr Dir/Induxive Coupling
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Tran
64565	Percutaneous Implantation Of Neurostimulator Electrode Array; Neuromuscular
64566	Posterior Tibial Neurostimulation, Percutaneous Needle Electrode, Single Treatme
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator
64569	Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To Existing Pulse
64575	Incision For Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (
64580	Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular
64581	Incision For Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Tran
64585	Revision Or Removal Of Peripheral Neurostimulator Electrode Array
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Generato
64595	Revision Or Removal Of Peripheral Or Gastric Neurostimulator Pulse Generator Or
66930	Cochlear device implantation, with or without mastoidectomy
69714	Implantation, oseointegrated implant, temporal bone, with percutaneous attachment to external speech processer/cochlear stimulator, without mastoidectomy
69715	Implantation, oseointegrated implant, temporal bone, with percutaneous attachment to external speech processer/cochlear stimulator, with mastoidectomy



Code	Description
69717	Replacement( including removal of existing device), oseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator without mastoidectomy
67311	Strabismus Recession/Rescj 1 Hrzntl Musc
67312	Strabismus Recession/Rescj 2 Hrzntl Musc
67314	Strabismus Recession/Rescj 1 Ver Musc
67316	Strabismus Recession/Rescj 2/More Ver Musc
67318	Strabismus Any Superior Oblique Muscle
67320	Transposition Procedure Extraocular Musc
67331	Strabismus Previous Eye X Involve Eo Musc
67332	Strabismus Scarring Eo Musc/Rstcv Myopathy
67334	Strabismus Post Fixj Sutr Tq W/Wo Musc Recession
67335	Placement Adjustable Suture Strabismus
67340	Strabismus Expl&Rpr Detached Extrocular Musc
67343	Rls Xtmsv Scar Tiss W/O Detaching Eo Musc Spx
67399	Unlisted Procedure Ocular Muscle
67900	Repair Brow Ptosis
67901	Rpr Blepharoptosis Frontalis Musc Sutr/Oth Matr
67902	Rpr Blepharopt Frontalis Musc Autol Fascal Sling
67903	Rpr Blepharoptosis Levator Rescj/Advmnt Internal
67904	Rpr Blepharoptosis Levator Rescj/Advmnt Xtrnl
67906	Rpr Blepharoptosis Superior Rectus Fascial Sling
67908	Rpr Blpos Conjunctivo-Tarso-Musc-Levator Rescj
67909	Reduction Overcorrection Ptosis
67911	Correction Lid Retraction
67914	Repair Of Ectropion; Suture
67915	Repair Of Ectropion; Thermocauterization
67916	Repair Ectropion Excision Tarsal Wedge
67917	Repair Ectropion Extensive
67921	Repair Of Entropion; Suture
67922	Repair Of Entropion; Thermocauterization
67923	Repair Of Entropion; Excision Tarsal Wedge
67924	Repair Of Entropion; Extensive (Eg, Tarsal Strip Or Capsulopalpebral Fascia Repairs Operation)
67950	Canthoplasty
67961	Excision & Repair Eyelid > One-Fourth Lid Margin
67966	Excision & Repair Eyelid One-Fourth Lid Margin/>
67971	Rcnstj Eyelid Full Thickness < Two-Thirds 1 Stg
67973	Rcnstj Eyelid Full Thickness Lower Eyelid 1 Stg
67974	Rcnstj Eyelid Full Thickness Upper Eyelid 1 Stg
67975	Rcnstj Eyelid Full Thickness Second Stage
68320	Conjunctivoplasty W/Grf/Xtmsv Rearrangement
68325	Conjunctivoplasty W/Buccal Muc Memb Graft
68326	Cjp Rcnstj Cul-De-Sac Buccal Grf/Xtmsv Rearrgmt
68328	Conjunctpl Cul-De-Sac W/Buccal Muc Memb Graft
68360	Conjunctival Flap Bridge/Partial Spx
68362	Conjunctival Flap Total
68371	Harvesting Conjunctival Allography Living Donor
68399	Unlisted Procedure Conjunctiva
68700	Plastic Repair Canaliculi
70336	MRI Temporomandibular Joint
70450	Computed Tomography, Head Or Brain; Without Contrast Material
70460	Computed Tomography, Head Or Brain; With Contrast Material(S)
70470	Computed Tomography, Head Or Brain; Without Contrast Material, Followed By
70480	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or

Code	Description
70481	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or
70482	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or
70486	Computed Tomography, Maxillofacial Area; Without Contrast Material
70487	Computed Tomography, Maxillofacial Area; With Contrast Material(S)
70488	Computed Tomography, Maxillofacial Area; Without Contrast Material, Followed By
70490	Computed Tomography, Soft Tissue Neck; Without Contrast Material
70491	Computed Tomography, Soft Tissue Neck; With Contrast Material(S)
70492	Computed Tomography, Soft Tissue Neck; Without Contrast Material Followed By
70496	Computed Tomographic Angiography, Head, With Contrast Material(S), Including Non
70498	Computed Tomographic Angiography, Neck, With Contrast Material(S), Including Non
70540	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Without Contr
70542	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And Neck; With Contrast
70543	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And Neck; Without
70544	Magnetic Resonance Angiography, Head; Without Contrast Material(S)
70545	Magnetic Resonance Angiography, Head; With Contrast Material(S)
70546	Magnetic Resonance Angiography, Head; Without Contrast Material(S), Followed By
70547	Magnetic Resonance Angiography, Neck; Without Contrast Material(S)
70548	Magnetic Resonance Angiography, Neck; With Contrast Material(S)
70549	Magnetic Resonance Angiography, Neck; Without Contrast Material(S), Followed By
70551	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without
70552	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); With
70553	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without
70554	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And
70555	Magnetic Resonance Imaging, Brain, Functional Mri; Requiring Physician Or Psycho
70557	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull
70558	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull
70559	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull
71250	Computed Tomography, Thorax; Without Contrast Material
71260	Computed Tomography, Thorax; With Contrast Material(S)
71270	Computed Tomography, Thorax; Without Contrast Material, Followed By Contrast
71275	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S)
71550	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And
71551	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And
71552	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And
71555	Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without
72125	Computed Tomography, Cervical Spine; Without Contrast Material
72126	Computed Tomography, Cervical Spine; With Contrast Material
72127	Computed Tomography, Cervical Spine; Without Contrast Material, Followed By
72128	Computed Tomography, Thoracic Spine; Without Contrast Material
72129	Computed Tomography, Thoracic Spine; With Contrast Material
72130	Computed Tomography, Thoracic Spine; Without Contrast Material, Followed By
72131	Computed Tomography, Lumbar Spine; Without Contrast Material
72132	Computed Tomography, Lumbar Spine; With Contrast Material
72133	Computed Tomography, Lumbar Spine; Without Contrast Material, Followed By
72141	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical;
72142	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical;
72146	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic;
72147	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic;
72148	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar;
72149	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar;
72156	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without
72157	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without

Code	Description
72158	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without
72159	Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Without
72191	Computed Tomographic Angiography, Pelvis, With Contrast Material(S), Including N
72192	Computed Tomography, Pelvis; Without Contrast Material
72193	Computed Tomography, Pelvis; With Contrast Material(S)
72194	Computed Tomography, Pelvis; Without Contrast Material, Followed By Contrast
72195	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S)
72196	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Material(S)
72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S),
72198	Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S)
73200	Computed Tomography, Upper Extremity; Without Contrast Material
73201	Computed Tomography, Upper Extremity; With Contrast Material(S)
73202	Computed Tomography, Upper Extremity; Without Contrast Material, Followed By
73206	Computed Tomographic Angiography, Upper Extremity, With Contrast Material(S), In
73218	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint;
73219	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint;
73220	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint;
73221	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without
73222	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With
73223	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without
73225	Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast
73700	Computed Tomography, Lower Extremity; Without Contrast Material
73701	Computed Tomography, Lower Extremity; With Contrast Material(S)
73702	Computed Tomography, Lower Extremity; Without Contrast Material, Followed By
73706	Computed Tomographic Angiography, Lower Extremity, With Contrast Material(S), In
73718	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint;
73719	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; With
73720	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint;
73721	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without
73722	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; With
73723	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without
73725	Magnetic Resonance Angiography, Lower Extremity, With Or Without Contrast
74150	Ct Abdomen W/O Contrast Material
74160	Computed Tomography, Abdomen; With Contrast Material(S)
74170	Computed Tomography, Abdomen; Without Contrast Material, Followed By Contrast
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S),
74175	Computed Tomographic Angiography, Abdomen, With Contrast Material(S), Including
74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material
74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)
74178	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Bot
74181	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S)
74182	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S)
74183	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S),
74185	Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S)
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
74712	MR Fetal W+orW/O MaternalPelvic Sgl
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) - probably not much need for this!!!
75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast
75559	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast

Code	Description
75561	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast
75563	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast
75565	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluat
75572	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology (Including 3D Image Postprocessing, Assessment Of Cardiac Function, And Evaluation Of Venous Structures, If Performed)
75573	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac St
75574	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (Wh
75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
76380	Ct Limited/Localized Follow Up Study
76390	Mri Spectroscopy
76497	Unlisted computed tomography procedure
76498	Unlisted MRI Procedure
77021	M R I Guidance For Needle Placement
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
77058	Magnetic Resonance Imaging, Breast, Without And/Or With Contrast Material(S); Un
77059	Magnetic Resonance Imaging, Breast, Without And/Or With Contrast Material(S); Bi
77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton
77084	Bone Marrow Blood Supply
77520	Proton Tx Delivery Simple W/O Compensation
77522	Proton Tx Delivery Simple W/Compensation
77523	Proton Tx Delivery Intermediate
77525	Proton Tx Delivery Complex
78459	Myocardial Imaging Pet Metabolic Evaluation
78491	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion; Single Study
78492	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion; Multiple
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (Eg, Chest, Head/Neck)
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh
78813	Positron Emission Tomography (Pet) Imaging; Whole Body
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomograph
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomograph
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomograph
A0080	Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested Interest
A0090	Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family Member, Self, Neighbor) With Vested Interest
A0100	Non-Emergency Transportation; Taxi
A0110	Non-Emergency Transportation And Bus, Intra Or Inter State Carrier
A0120	Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, Or Other Transportation Systems
A0130	Non-Emergency Transportation: Wheelchair Van
A0140	Non-Emergency Transportation And Air Travel (Private Or Commercial) Intra Or Inter State
A0180	Non-Emergency Transportation: Ancillary: Lodging-Recipient
A0190	Non-Emergency Transportation: Ancillary: Meals-Recipient
A0200	Non-Emergency Transportation: Ancillary: Lodging Escort
A0210	Non-Emergency Transportation: Ancillary: Meals-Escort
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (Als 1)
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BlS)
A0434	Specialty Care Transport (SCT)
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
G0027	Semen Analysis
G0297	Low Dose CT Scan (LDCT) for Lung Cancer Screening
J0585	Botulinum Toxin Type A: Botox

Code	Description
J0586	Botulinum Toxin Type A: Botox
J0587	Myobloc (Botulinum Toxin Type B): Myobloc (Botulinum Toxin Type B)
J0588	Botulinum Toxin Type A: Botox
J0588	Incobotulinumtoxina 1 Unit: Xeomin
J3490	Hyaluronan Or Derivative: Hymovis
J7321	Hyaluronan Or Derivative: Hyalgan Or Supartz
J7322	Hyaluronan Or Derivative: Hymovis
J7323	Hyaluronan Or Derivative: Euflexxa
J7324	Hyaluronan Or Derivative: Orthovisc
J7325	Hyaluronan Or Derivative: Synvisc Or Synvisc-One
J7326	Hyaluronan Or Derivative: Gel-One
J7327	Hyaluronan Or Derivative: Monovisc
J7328	Hyaluronan Or Derivative: Gel-Syn
Q9980	Hyaluronan Or Derivative: Genvisc 850
0042T	CT PERFUSION BRAIN
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
78816	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHOLE BODY
0042T	CT PERFUSION BRAIN
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
C8900 - 74185	MRA Abdomen with contrast
C8901 - 74185	MRA Abdomen without contrast
C8902 - 74185	MRA Abdomen with and w/o contrast
C8903 - 77058	MRI Breast w/ contrast, unilateral
C8904 - 77058	MRI Breast w/o contrast, unilateral
C8905 - 77058	MRI Breast w. and w/o contrast, unilateral
C8906 - 77059	MRI BREAST BILATERAL w/ CONTRAST
C8907 - 77059	MRI BREAST BILATERAL w/o CONTRAST
C8908 - 77059	MRI BREAST BILATERAL w/ and w/o CONTRAST
C8909 - 71555	MRA chest w/contrast (excluding myocardium)
C8910 - 71555	MRA chest w/o contrast (excluding myocardium)
C8911 - 71555	MRA chest (excluding myocardium)
C8912 - 73725	MRA lower extremity w/ contrast
C8913 - 73725	MRA lower extremity w/o contrast
C8914 - 73725	MRA lower extremity w/ and w/o contrast
C8918 - 72198	MRA pelvis w/ contrast
C8919 - 72198	MRA pelvis w/o contrast
C8920 - 72198	MRA pelvis w/ and w/o contrast
C8931 - 72159	MRA, W/DYE, SPINAL CANAL
C8932 - 72159	MRA, W/O DYE, SPINAL CANAL
C8933 - 72159	MRA, W/O&W/DYE, SPINAL CANAL
C8934 - 73225	MRA, W/DYE, UPPER EXTREMITY
C8935 - 73225	MRA, W/O DYE, UPPER EXTR
C8936 - 73225	MRA, W/O&W/DYE, UPPER EXTR
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED
G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER
G0297	Low-dose Computed Tomography For Lung Cancer Screening
S8037	Magnetic resonance cholangiopancreato-graphy (MRCP)
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF RADIOPHARMACEUTICAL

Code	Description
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL HEAD COINCIDENCE DETECTION SYSTEM. (Non-dedicated PET scan)
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)