

**SECTION 4: Prior Authorization Requirements**

## Ambulatory/Outpatient Surgery – CPT Codes That Do NOT Require Prior Authorization (Approved, Part I & II)

The following CPT codes (2,207) have been approved for removal from the list of procedures requiring a prior authorization (PA). Though they have been recommended to not require a prior authorization, these procedures are still subject to applicable national coverage determinations, local coverage determinations, MassHealth guidance, Change Healthcare InterQual® criteria, CCA Medical Necessity Guidelines and payment policies, and the American Medical Association (AMA) CPT Code Set and CPT Manual, referred to in the [National Correct Coding Initiative Policy Manual for Medicare Services](#). As new information becomes available, this list may change and be updated.

CPT Code	Description
10005	Fine-needle aspiration of first lesion using ultrasound guidance
10009	Fine-needle aspiration of first lesion using CT guidance
10021	Fine-needle aspiration of first lesion
10022	Fine-needle aspiration using imaging guidance
10060	Drainage of abscess
10061	Drainage of multiple abscesses
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	Drainage of blood or fluid accumulation
10160	Aspiration of abscess, blood accumulation, blister, or cyst
10180	Drainage of wound infection after surgery
11000	Removal of inflamed or infected skin, up to 10% of body surface
11004	Removal of infected skin, tissue, or muscle of genitals
11005	Removal of infected skin, tissue, or muscle of abdomen
11008	Removal of infected artificial material or mesh from abdomen
11012	Removal of foreign material from skin, tissue, muscle, and bone at open fracture and/or dislocation
11040	Debridement; skin, partial thickness
11041	Debridement; skin, full thickness
11102	Tangential biopsy of single skin lesion
11104	Punch biopsy of single skin lesion
11105	Punch biopsy of additional skin lesion
11300	Shaving of 0.5 centimeters or less skin growth of the trunk, arms, or legs
11301	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of the trunk, arms, or legs
11306	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of scalp, neck, hands, feet, or genitals
11311	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of face, ears, eyelids, nose, lips, or mouth
11313	Shaving of over 2.0 centimeters skin growth of face, ears, eyelids, nose, lips, or mouth
11600	Removal of malignant growth (0.5 centimeters or less) of the trunk, arms, or legs
11601	Removal of malignant growth (0.6 to 1.0 centimeters) of the trunk, arms, or legs
11602	Removal of malignant growth (1.1 to 2.0 centimeters) of the trunk, arms, or legs
11603	Removal of malignant growth (2.1 to 3.0 centimeters) of the trunk, arms, or legs
11604	Removal of malignant growth (3.1 to 4 centimeters) of the trunk, arms, or legs
11606	Removal of malignant growth (over 4.0 centimeters) of the trunk, arms, or legs
11620	Removal of malignant growth (0.5 centimeters or less) of the scalp, neck, hands, feet, or genitals
11621	Removal of malignant growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet, or genitals
11622	Removal of malignant growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet, or genitals
11623	Removal of malignant growth (2.1 to 3.0 centimeters) of the scalp, neck, hands, feet, or genitals
11624	Removal of malignant growth (3.1 to 4 centimeters) of the scalp, neck, hands, feet, or genitals
11626	Removal of malignant growth (over 4.0 centimeters) of the scalp, neck, hands, feet, or genitals

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CPT Code	Description
11640	Removal of malignant growth (0.5 centimeters or less) of the face, ears, eyelids, nose, or lips
11641	Removal of malignant growth (0.6 to 1.0 centimeters) of the face, ears, eyelids, nose, or lips
11642	Removal of malignant growth (1.1 to 2.0 centimeters) of the face, ears, eyelids, nose, or lips
11643	Removal of malignant growth (2.1 to 3.0 centimeters) of the face, ears, eyelids, nose, or lips
11720	Removal of tissue from 1 to 5 fingernails or toenails
11721	Removal of tissue from 6 or more fingernails or toenails
11730	Separation of nail plate from nail bed
11732	Separation of nail plate from nail bed
11750	Removal of nail
11755	Biopsy of fingernail or toenail
11760	Repair of fingernail or toenail bed
11762	Repair of fingernail or toenail bed with graft
11770	Excision of pilonidal cyst or sinus; simple
11771	Excision of pilonidal cyst or sinus; extensive
11772	Excision of pilonidal cyst or sinus; complicated
11950	Injection of 1.0 cc or less filling material into tissue
11954	Injection of over 10.0 cc filling material, beneath the skin
11980	Insertion of hormone pellets beneath the skin
11981	Insertion of drug delivery implant into tissue
11982	Removal of drug delivery implant from tissue
11983	Removal with reinsertion of drug delivery implant into tissue
12011	Repair of wound (2.5 centimeters or less) of the face, ears, eyelids, nose, lips, and/or mucous membranes
12020	Treatment of superficial wound dehiscence; simple closure
12031	Repair of wound (2.5 centimeters or less) of the scalp, underarms, trunk, arms, and/or legs
12032	Repair of wound (2.6 to 7.5 centimeters) of the scalp, underarms, trunk, arms, and/or legs
12034	Repair of wound (7.6 to 12.5 centimeters) of the scalp, underarms, trunk, arms, and/or legs
12035	Repair of wound (12.6 to 20.0 centimeters) of the scalp, underarms, trunk, arms, and/or legs
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	Repair of wound (2.5 centimeters or less) of neck, hands, feet, and/or genitals
12042	Repair of wound (2.6 to 7.5 centimeters) of neck, hands, feet, and/or genitals
12051	Repair of wound (2.5 centimeters or less) of face, ears, eyelids, nose, lips, and/or mouth
12052	Repair of wound (2.6 to 5.0 centimeters) of face, ears, eyelids, nose, lips, and/or mouth
12053	Repair of wound (5.1 to 7.5 centimeters) of face, ears, eyelids, nose, lips, and/or mouth
12054	Repair of wound (7.6 to 12.5 centimeters) of face, ears, eyelids, nose, lips, and/or mouth
13100	Repair of wound (1.1 to 2.5 centimeters) of trunk
13101	Repair of wound (2.6 to 7.5 centimeters) of trunk
13102	Repair of wound of trunk
13120	Repair of wound (1.1 to 2.5 centimeters) of scalp, arms, and/or legs
13121	Repair of wound (2.6 to 7.5 centimeters) of scalp, arms, and/or legs
13122	Repair of wound of scalp, arms, and/or legs
13131	Repair of wound (1.1 to 2.5 centimeters) of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
13132	Repair of wound (2.6 to 7.5 centimeters) of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
13151	Repair of wound (1.1 to 2.5 centimeters) of eyelids, nose, ears, and/or lips

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CPT Code	Description
13152	Repair of wound (2.6 to 7.5 centimeters) of eyelids, nose, ears, and/or lips
13153	Repair of wound of eyelids, nose, ears, and/or lips
13160	Second repair of surgical wound
14000	Tissue transfer repair of wound (10 sq centimeters or less) of the trunk
14001	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the trunk
14020	Tissue transfer repair of wound (10 sq centimeters or less) of the scalp, arms, and/or legs
14021	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the scalp, arms, and/or legs
14060	Tissue transfer repair of wound (10 sq centimeters or less) of eyelids, nose, ears, and/or lips
14061	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of eyelids, nose, ears, and/or lips
14301	Tissue transfer repair of wound (30.1 to 60.0 sq centimeters)
14302	Tissue transfer repair of wound (30.0 sq centimeters)
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq cm, or 1% body area of infants and children)
15003	Preparation of graft site at trunk, arms, or legs
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm, or 1% body area of infants and children)
15005	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes
15050	Skin graft (2 centimeters) to tip of finger or toe
15100	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15101	Skin graft at trunk, arms, or legs
15110	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15115	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15120	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15121	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes
15155	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq centimeters or less)
15170	Acellular dermal replacement, trunk, arms, legs )first 100 sq cm or less, or 1% of body area of infants and children)
15200	Relocation of patient skin (20 sq centimeters or less) to trunk
15201	Relocation of patient skin to trunk
15220	Relocation of patient skin (20 sq centimeters or less) to scalp, arms, and/or legs
15221	Relocation of patient skin to scalp, arms, and/or legs
15240	Relocation of patient skin to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet (20 sq centimeters or less)
15241	Relocation of patient skin to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
15260	Relocation of patient skin to nose, ears, eyelids, and/or lips (20 sq centimeters or less)
15261	Relocation of patient skin to nose, ears, eyelids, and/or lips
15600	Transfer of skin flap to trunk
15610	Transfer of skin flap to scalp, arms, or legs
15630	Transfer of skin flap to eyelids, nose, ears, or lips
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15845	Graft for facial nerve paralysis; regional muscle transfer
15850	Removal of sutures under anesthesia by same surgeon
15860	Injection of agent into vein to assess blood flow of skin graft or flap

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CPT Code	Description
15936	Removal of pressure sore at sacrum in preparation of muscle flap or skin graft
15937	Removal of pressure sore and bone at sacrum in preparation of muscle flap or skin graft
15945	Removal of pressure sore and lower pelvic bone with skin graft
15946	Removal of pressure sore and lower pelvic bone in preparation of muscle flap or skin graft closure
15958	Removal of pressure sore and bone at hip bone in preparation of muscle flap or skin graft
16020	Dressing change and/or removal of burn tissue (less than 5% total body surface)
16025	Dressing change and/or removal of burn tissue (5% to 10% total body surface)
16030	Dressing change and/or removal of burn tissue (greater than 10% total body surface)
17000	Destruction of skin growth
17003	Destruction of 2–14 skin growths
17004	Destruction of 15 or more skin growths
17106	Destruction of cutaneous vascular proliferative lesions (less than 10.0 sq centimeters)
17107	Destruction of cutaneous vascular proliferative lesions (10.0 to 50.0 sq centimeters)
17108	Destruction of cutaneous vascular proliferative lesions (over 50.0 sq centimeters)
17110	Destruction of up to 14 skin growths
17111	Destruction of 15 or more skin growths
17263	Destruction of malignant growth (2.1 to 3.0 centimeters) of trunk, arms, or legs
17270	Destruction of malignant growth (0.5 centimeters) of scalp, neck, hands, feet, or genitals
17271	Destruction of malignant growth (0.6 to 1.0 centimeters) of scalp, neck, hands, feet, or genitals
17272	Destruction of malignant growth (1.1 to 2.0 centimeters) of scalp, neck, hands, feet, or genitals
17273	Destruction of malignant growth (2.1 to 3.0 centimeters) of scalp, neck, hands, feet, or genitals
17311	Removal and microscopic examination of growth of the head, neck, hands, feet, or genitals (first stage, up to 5 tissue blocks)
17312	Removal and microscopic examination of growth of the head, neck, hands, feet, or genitals
17313	Removal and microscopic examination of growth of the trunk, arms, or legs (first stage, up to 5 tissue blocks)
17314	Removal and microscopic examination of growth of the trunk, arms, or legs
17315	Removal and microscopic examination of growth of the trunk, arms, or legs
17340	Chemical treatment of acne
19000	Aspiration of breast cyst
19020	Drainage of breast abscess
19081	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
19083	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
19084	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)
19085	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
19101	Biopsy of breast, open procedure
19110	Exploration of breast nipple
19112	Removal of abnormal drainage of breast duct
19120	Removal of 1 or more breast growth, open procedure
19125	Removal of breast growth, open procedure

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CPT Code	Description
19162	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19281	Placement of breast localization devices accessed through the skin with mammographic guidance
19283	Placement of breast localization devices accessed through the skin with stereotactic guidance
19285	Placement of breast localization devices accessed through the skin with ultrasound guidance
19287	Placement of breast localization devices accessed through the skin with MRI guidance
19301	Partial removal of breast (oncologic resection with attention to margins; lumpectomy or partial mastectomy)
19302	Partial removal of breast and underarm lymph nodes
19305	Removal of breast, lymph nodes, and muscle
19307	Removal of breast and underarm lymph nodes
19340	Immediate insertion of breast implant on same day as mastectomy
19342	Delayed insertion of breast implant after mastectomy
19357	Reconstruction of breast using tissue expander
19361	Reconstruction of breast with back muscle flap
19366	Plastic surgery to reconstruct breast with other technique
19367	Reconstruction of breast with abdominal muscle flap
19380	Surgical change to reconstructed breast
20103	Exploration of penetrating wound of arm or leg
20200	Biopsy of muscle
20206	Needle biopsy of muscle, accessed through the skin
20220	Biopsy of bone using needle or trocar
20225	Deep biopsy of bone using needle or trocar
20240	Biopsy, bone, open; superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)
20520	Removal of foreign body in muscle or tendon
20525	Removal of deep foreign body in muscle or tendon
20526	Injection of carpal tunnel
20550	Injections of tendon sheath, ligament, or muscle membrane
20551	Injections of tendon attachment to bone
20552	Injections of trigger points in 1 or 2 muscles
20553	Injections of trigger points in 3 or more muscles
20560	Insertion of needle in 1 or 2 muscles
20561	Insertion of needle in 3 or more muscles
20600	Aspiration and/or injection of small joint or joint capsule
20604	Aspiration and/or injection of small joint or joint capsule with recording and reporting using ultrasound guidance
20605	Aspiration and/or injection of medium joint or joint capsule
20606	Aspiration and/or injection of intermediate joint or joint capsule with recording and reporting using ultrasound guidance
20610	Aspiration and/or injection of large joint or joint capsule
20611	Aspiration and/or injection of major joint or joint capsule with recording and reporting using ultrasound guidance
20612	Aspiration and/or injection of cysts
20615	Aspiration and injection treatment of bone cyst
20650	Insertion and removal of wire or pin with bone traction
20660	Application of cranial tongs (stabilization device for skull)
20661	Application of cranial halo device (stabilization device for skull)

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CPT Code	Description
20665	Removal of cranial tongs or halo (stabilization device for skull)
20670	Removal of bone implant
20680	Removal of deep bone implant
20690	Application of uniplane external bone fixation on one arm or leg
20692	Application of multiplane external bone fixation system on one arm or leg
20693	Adjustment or revision of external bone fixation system under anesthesia
20694	Removal of external bone fixation under anesthesia
20900	Small bone graft harvest
20902	Bone graft harvest
20912	Nasal cartilage graft
20920	Obtaining deep thigh tissue for graft using stripper
20922	Incision of deep thigh tissue for graft
20926	Tissue graft
20933	Half-cylindrical donor bone graft
20936	Harvest of bone from same spine incision for graft
20937	Harvest of bone fragments for spine surgery graft
20938	Harvest of bone for spine surgery graft
20939	Harvest of bone marrow for spine surgery graft
20969	Placement of skin and bone flap with microvascular connection
20970	Placement of skin and bone flap to pelvic bone with microvascular connection
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (e.g., metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (e.g., metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation
21011	Removal of (less than 2 centimeters) tissue growth beneath the skin of face and scalp
21012	Removal of (2 centimeters or greater) tissue growth beneath the skin of face and scalp
21013	Removal of (less than 2 centimeters) muscle growth of face and scalp
21014	Removal of (2 centimeters or greater) muscle growth of face and scalp
21016	Removal of (2 centimeters or greater) soft tissue growth of face or scalp
21025	Removal of lower jawbone
21026	Removal of facial bones
21029	Removal of facial bone growth
21030	Removal or scraping of upper jaw or cheek bone growth or cyst
21031	Removal of bony growth of jawbone inside mouth
21032	Removal of bony growth of upper jawbone inside mouth
21044	Removal of malignant growth of lower jawbone
21046	Oral removal of lower jawbone growth or cyst
21047	External removal of lower jawbone growth or cyst
21151	Reconstruction of midface bones with bone graft
21180	Reconstruction of forehead and/or eye bones
21235	Obtaining ear cartilage for grafting
21315	Closed treatment of broken nasal bone
21320	Closed treatment of broken nasal bone with stabilization
21325	Open treatment of broken nasal bone
21337	Closed treatment of nasal cartilage dividing nasal passages
21365	Open treatment of broken cheek bones with insertion of internal hardware
21386	Open treatment of broken eye socket bone



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CPT Code	Description
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21407	Open treatment of fracture of orbit, except blowout; with implant
21445	Open treatment of broken jaw or cheek bone
21454	Open treatment of broken jawbone with placement of external hardware
21461	Open treatment of broken jawbone
21462	Open treatment of broken jawbone with insertion of hardware or oral splint
21470	Open treatment for broken jawbone with insertion of hardware and/or oral splint
21499	Musculoskeletal procedure on head
21550	Biopsy of soft tissue of neck or chest
21552	Removal of (3 centimeters or greater) tissue growth beneath the skin of neck or front of chest
21554	Removal of (5 centimeters or greater) muscle growth of neck or front of chest
21555	Removal of (less than 3 centimeters) tissue growth beneath the skin of neck or front of chest
21556	Removal of (less than 5 centimeters) muscle growth of neck or front of chest
21557	Removal of (less than 5 centimeters) growth of neck or front of chest
21558	Removal of (5 centimeters or greater) growth of neck or front of chest
21600	Removal of rib
21601	Removal of tumor from chest wall, including ribs
21620	Partial removal of chest bone
21627	Debridement of chest bone
21630	Removal of chest bone
21720	Release of tendons of neck muscle, open procedure
22015	Drainage of abscess of lower spine or sacrum, open procedure
22325	Open treatment of broken and/or dislocated lower spine bones
22326	Open treatment of broken and/or dislocated upper spine bones
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
22900	Removal (less than 5 centimeters) muscle growth in abdominal wall
22901	Removal (5 centimeters or greater) muscle growth in abdominal wall
22902	Removal (less than 3 centimeters) tissue growth beneath the skin in abdominal wall
22903	Removal (3 centimeters or greater) tissue growth beneath the skin in abdominal wall
22904	Removal (less than 5 centimeters) tissue growth in abdominal wall
22905	Removal (5 centimeters or greater) tissue growth in abdominal wall
23071	Removal (3 centimeters or greater) tissue growth beneath the skin of shoulder area
23073	Removal (5 centimeters or greater) muscle growth of shoulder area

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CPT Code	Description
23075	Removal (less than 3 centimeters) tissue growth beneath the skin of shoulder area
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg.intramuscular) less than 5 cm
23077	Radical resection of tumor, (e.g. sarcoma), soft tissue of shoulder area, less than 5 cm
23101	Incision to repair joints between shoulder, chest, and collarbone
23120	Partial removal of collarbone
23130	Removal or repair of collarbone and shoulder blade joint
23170	Removal of dead collarbone
23182	Partial removal of shoulder blade
23334	Removal of prosthesis of shoulder
23335	Removal of prosthesis of shoulder
23350	Injection of dye for X-ray imaging of shoulder joint
23405	Incision of shoulder tendon
23410	Repair of torn tendons of shoulder, open procedure
23415	Release of collarbone and shoulder ligament
23420	Repair of torn shoulder tendons
23430	Anchoring of biceps tendon
23440	Transplantation of biceps tendon
23480	Incision to repair collarbone
23485	Incision to repair collarbone for nonunion of fracture with bone graft
23515	Open treatment of broken collarbone
23550	Open treatment of collarbone and shoulder joint dislocation
23552	Open treatment of collarbone and shoulder joint dislocation with tissue graft
23615	Open treatment of broken upper arm bone
23630	Open treatment of broken upper arm bone at shoulder joint
23650	Closed treatment of shoulder dislocation with manipulation
23655	Closed treatment of shoulder dislocation with manipulation under anesthesia
23660	Open treatment of shoulder dislocation
23670	Open treatment of shoulder dislocation and broken upper arm bone
23700	Manipulation of shoulder joint under anesthesia
23800	Fusion of bones of shoulder joint
23930	Drainage of abscess or blood accumulation at upper arm or elbow
23931	Drainage of fluid-filled sac (bursa) of upper arm or elbow
24000	Incision of elbow with exploration, drainage, or removal of foreign body
24071	Removal (3 centimeters or greater) tissue growth beneath the skin of upper arm or elbow
24073	Removal (5 centimeters or greater) muscle growth of upper arm or elbow
24075	Removal (less than 3 centimeters) tissue growth beneath the skin of upper arm or elbow
24076	Removal (less than 5 centimeters) muscle growth of upper arm or elbow
24077	Removal (less than 5 centimeters) tissue growth of upper arm or elbow
24102	Removal of elbow joint lining
24105	Removal of fluid-filled sac of elbow
24149	Removal of elbow joint capsule and bone
24220	Injection of dye for X-ray imaging of elbow joint
24305	Lengthening of tendon of upper arm or elbow
24332	Release of scarring of upper arm tendon at shoulder joint
24340	Anchoring of biceps tendon at elbow
24341	Repair of tendon or muscle of upper arm or elbow
24342	Reinsertion of torn biceps or triceps tendon at elbow
24343	Repair of ligament at elbow
24357	Incision of tendon to repair elbow joint, accessed through the skin



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CPT Code	Description
24358	Removal of tissue and/or bone at elbow, open procedure
24359	Removal of tissue and/or bone at elbow with tendon repair, open procedure
24400	Incision to repair upper arm bone
24515	Open treatment of broken upper arm bone
24587	Open treatment of broken and/or dislocated upper or lower arm bones at elbow with implant
24680	Treatment of open ulnar fracture, proximal end (olecranon process), with uncomplicated soft tissue closure
24685	Open treatment of broken forearm bone at elbow
24930	Re-amputation of remaining arm at upper arm bone
25000	Incision to repair tendon covering at wrist
25020	Incision of tissue of forearm and/or wrist muscle compartment
25028	Drainage of abscess or blood accumulation at forearm and/or wrist
25071	Removal (3 centimeters or greater) tissue growth beneath the skin at forearm and/or wrist
25073	Removal (3 centimeters or greater) muscle growth at forearm and/or wrist
25075	Removal (less than 3 centimeters) tissue growth beneath the skin at forearm and/or wrist
25076	Removal (less than 3 centimeters) muscle growth at forearm and/or wrist
25101	Incision and exploration of wrist joint
25105	Incision to repair wrist joint
25110	Removal of growth of tendon covering at forearm and/or wrist
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, TBC, or other granulomas, rheumatoid arthritis); flexors
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, TBC, or other granulomas, rheumatoid arthritis); extensors, with or without transposition or dorsal retinaculum
25118	Removal of lining of tendon covering of wrist
25120	Removal of forearm bone cyst or growth
25135	Removal of wrist bone cyst or growth with patient-derived bone graft
25150	Partial removal of forearm bone
25210	Removal of wrist bone
25215	Removal of multiple wrist bones
25240	Partial removal of forearm bone
25259	Manipulation of wrist under anesthesia
25260	Repair of tendon or muscle of forearm and/or wrist
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	Repair, tendon or muscle, extensor, forearm and/or wrist; with free graft (includes obtaining graft) (e.g., for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of tendon of forearm and/or wrist
25290	Incision of tendon of forearm and/or wrist, open procedure
25295	Removal of scar tissue of tendon of forearm and/or wrist
25301	Anchoring of tendon of fingers to wrist bone
25310	Relocation of tendon of forearm and/or wrist
25312	Relocation of tendon of forearm and/or wrist with grafts
25315	Repair of tendon of forearm and/or wrist
25320	Repair of wrist joint, open procedure

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
25350	Osteotomy, radius; distal third
25360	Osteotomy, radius; middle or proximal third
25390	Shortening of one of the forearm bones
25391	Lengthening of one of the forearm bones with patient-derived bone graft
25394	Shortening of bone of wrist
25400	Repair non-healed fracture of forearm bone
25405	Repair non-healed fracture of forearm bone with patient-derived bone graft
25415	Repair non-healed fracture of forearm bones
25420	Repair non-healed fracture of forearm bones with patient-derived bone graft
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25574	Closed treatment of radial and ulnar shaft fractures; without manipulation
25575	Closed treatment of radial and ulnar shaft fractures; with manipulation
25600	Closed treatment of broken forearm bones
25605	Closed treatment of broken or growth plate separate of forearm bone at wrist with manipulation
25606	Insertion of hardware to lower forearm bone broken or growth plate separation, accessed through the skin
25607	Open treatment of broken of lower forearm bone or growth plate separation with insertion of hardware
25608	Open treatment of broken of lower forearm or growth plate separation with insertion of hardware, 2 fragments
25609	Open treatment of broken of lower forearm or growth plate separation with insertion of hardware, 3 or more fragments
25628	Open treatment of broken wrist bone
25650	Closed treatment of broken forearm at wrist bone
25652	Open treatment of broken wrist
25671	Insertion of hardware to dislocated wrist, accessed through the skin
25800	Fusion of entire wrist joint
25805	Fusion of wrist joint with bone graft from wrist
25810	Fusion of wrist joint with graft from hip or other bone
25820	Fusion of part of wrist joint
25825	Fusion of part of wrist joint with patient-derived bone graft
25830	Fusion of both forearm bones at wrist
25900	Amputation through both bones of forearm
25907	Revision of scar or wound closure of previous amputation through both bones of forearm
25909	Re-amputation of remaining upper arm
25927	Amputation of hand bone at wrist
26010	Drainage of finger abscess; simple
26011	Drainage of finger abscess; complicated (e.g., felon finger)
26020	Drainage of tendon of finger and/or palm
26034	Incision, bone cortex, hand or finger (e.g. osteomyelitis or bone abscess)
26040	Release of tissues of palm, accessed through the skin
26045	Partial release of tissues of palm, open procedure
26055	Incision of tendon covering
26070	Exploration, drainage, or removal of foreign body of wrist bone
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26110	Biopsy of finger joint

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
26111	Removal (1.5 centimeters or greater) tissue beneath the skin growth of hand or finger
26113	Removal (1.5 centimeters or greater) muscle growth of hand or finger
26115	Removal (less than 1.5 centimeters) tissue beneath the skin growth of hand or finger
26116	Removal (less than 1.5 centimeters) muscle growth of hand or finger
26117	Removal (less than 3 centimeters) tissue growth of hand or finger
26118	Removal (3 centimeters or greater) tissue growth of hand or finger
26121	Removal of tissue of palm
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26135	Repair of hand joint
26140	Repair of finger joint
26145	Repair of tendon, finger and/or hand
26160	Removal of growth of tendon finger or hand
26210	Removal or scraping of finger bone cyst or growth
26236	Partial removal of finger bone
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (e.g., no man's land); primary or secondary without free graft, each tendon
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (e.g., no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); primary, without free graft, each tendon
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); secondary, with free graft (includes obtaining graft), each tendon
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft), each tendon
26426	Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	Closed treatment of finger tendon
26437	Repair of finger tendon
26440	Tenolysis, flexor tendon; palm or finger, each tendon
26445	Tenolysis, extensor tendon; palm or finger, each tendon
26460	Incision of tendon of hand or finger, open procedure
26471	Anchoring of tendon to first joint of finger
26478	Lengthening of tendon of hand or finger
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
26489	Transfer or transplant of tendon, palmar; wit free tendon graft (includes obtaining graft), each tendon
26497	Transplant of tendon to ring and small fingers
26498	Transfer of tendon of hand, all four fingers
26500	Repair of tendon ligament
26518	Repair of joint capsule of hand and finger
26520	Removal of hand or finger joint capsule
26525	Repair of joint capsule, hand and finger
26530	Arthroplasty, metacarpophalangeal joint; each joint
26531	Arthroplasty, metacarpophalangeal joint, with prosthetic implant; each joint
26535	Arthroplasty, interphalangeal joint; each joint
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26548	Repair of floor of finger joint
26561	Repair of webbed finger
26565	Incision of bone of hand
26567	Incision of finger
26568	Lengthening of hand or finger bone
26605	Closed treatment of fracture of bone of hand with manipulation
26607	Closed treatment of fracture of bone of hand with manipulation and external hardware
26608	Insertion of hardware to broken finger, accessed through the skin
26615	Open treatment of broken finger
26715	Open treatment of dislocated hand joint
26725	Closed treatment of broken finger or thumb with manipulation
26727	Insertion of hardware to broken finger or thumb with manipulation, accessed through the skin
26735	Open treatment of broken finger
26746	Open treatment of broken hand or finger
26750	Closed treatment of broken finger or thumb
26756	Insertion of hardware to broken finger or thumb, accessed through the skin
26765	Open treatment of broken finger or thumb
26785	Open treatment of dislocated finger joint
26841	Fusion of thumb at wrist
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	Arthrodesis, interphalangeal joint, with or without internal fixation
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (list separately in addition to code for primary procedure)
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft); each additional joint (list separately in addition to code for primary procedure)
26910	Amputation of hand bone, finger, or thumb
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26990	Drainage of abscess or blood accumulation in pelvis or hip joint

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
26991	Incision of infected fluid-filled sac (bursa) of pelvis or hip joint
27025	Incision of tissues of hip or thigh
27030	Incision of hip joint with drainage
27036	Repair of hip joint capsule
27043	Removal (3 centimeters or greater) tissue growth beneath the skin of pelvis or hip
27047	Removal (less than 3 centimeters) tissue growth of pelvis or hip
27059	Removal (5 centimeters or greater) tissue growth of pelvis or hip
27062	Removal of fluid-filled sac (bursa) or calcium deposit of pelvis
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (e.g., osteomyelitis or bone abscess); superficial
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (e.g., osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Removal of growth or infected tissue of pelvic or pubic bone
27146	Incision of pelvic bone
27170	Bone graft of upper thigh bone and hip joint
27235	Insertion of hardware to broken thigh bone, accessed through the skin
27236	Open treatment of broken thigh bone with insertion of hardware or prosthetic replacement
27245	Surgical treatment of broken thigh bone
27248	Open treatment of broken thigh bone
27269	Open treatment of fracture of thigh bone
27275	Manipulation of hip joint under general anesthesia
27301	Drainage of abscess or blood collection at thigh or knee region
27303	Incision of bone of thigh or knee
27306	Incision of tendon of thigh or hamstring muscles, accessed through the skin
27327	Removal (less than 3 centimeters) tissue growth beneath the skin of thigh or knee
27328	Removal (less than 5 centimeters) muscle growth of thigh or knee
27329	Removal (less than 5 centimeters) tissue growth of thigh or knee
27337	Removal (3 centimeters or greater) tissue growth beneath the skin of thigh or knee
27339	Removal (5 centimeters or greater) muscle growth of thigh or knee
27340	Removal of fluid-filled sac (bursa) below knee joint
27347	Removal of growth of knee cartilage or capsule
27350	Patellectomy or hemipatellectomy
27355	Removal or scraping of cyst or growth of thigh bone
27360	Partial removal of bone of thigh and/or lower leg bones
27364	Removal (5 centimeters or greater) tissue growth of thigh or knee
27372	Removal of foreign body of thigh or knee
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27418	Repair of upper end of shin bone at knee joint
27420	Reconstruction of dislocating patella (e.g., Hauser-type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advance or release (e.g., Campbell, Goldwaite-type procedure)
27425	Release of ligaments of knee joint, open procedure
27427	Reconstruction of knee joint ligaments
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
27430	Repair of muscle group above knee joint
27450	Repair of thigh bone with insertion of stabilizing fixation
27455	Incision or correction of deformity of upper shin bone (prior to growth plate closure)
27457	Incision or correction of deformity of upper shin bone (after growth plate closure)
27470	Repair of non-healed fracture of thigh bone
27495	Strengthening of thigh bone
27506	Open treatment of broken thigh bone
27519	Open treatment of growth plate separation at end of thigh bone
27524	Open treatment of kneecap fracture with insertion of hardware and/or removal of kneecap
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27590	Amputation, thigh, through femur, any level
27594	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27596	Re-amputation of thigh through thigh bone
27598	Detachment of knee
27603	Drainage of abscess or blood collection at lower leg or ankle
27605	Incision of Achilles tendon, accessed through the skin using local anesthetic
27606	Incision of Achilles tendon, accessed through the skin using general anesthesia
27610	Exploration, drainage, or removal of foreign body of ankle
27612	Release of ankle joint capsule
27613	Biopsy of soft tissue of leg or ankle
27615	Removal (less than 5 centimeters) tissue growth of leg or ankle
27616	Removal (5 centimeters or greater) tissue growth of leg or ankle
27618	Removal (less than 3 centimeters) tissue growth beneath the skin of leg or ankle
27619	Removal of (less than 5 centimeters) muscle growth of leg or ankle
27620	Exploration of ankle joint
27630	Removal of growth of leg and/or ankle tendon lining or capsule
27632	Removal (3 centimeters or greater) tissue growth beneath the skin of leg or ankle
27634	Removal (5 centimeters or greater) muscle growth of leg or ankle
27635	Removal or scraping of cyst or growth of either bone of lower leg
27637	Removal or scraping of cyst or growth of either bone of lower leg with patient-derived bone graft
27638	Removal or scraping of cyst or growth of either bone of lower leg with donor bone graft
27640	Partial removal of shin bone
27641	Partial removal of leg bone
27650	Repair of ruptured Achilles tendon, open or through skin procedure
27654	Repair of ruptured Achilles tendon
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; primary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	Release of leg and/or ankle tendon
27685	Lengthening or shortening of tendon of leg or ankle
27686	Lengthening or shortening of multiple tendons of leg or ankle
27687	Lengthening of calf muscle
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)



## SECTION 4: Prior Authorization Requirements

CPT Code	Description
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (e.g., anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (list separately in addition to code for primary procedure)
27695	Repair of disrupted collateral ligament of ankle
27696	Repair of disruption of both collateral ligaments of ankle
27698	Repair of disrupted collateral ligament of ankle
27705	Incision of shin bone
27709	Incision of shin and outer lower leg bones
27712	Insertion of rod in shin bone
27720	Repair of non-healed fracture of shin bone
27724	Repair of non-healed shin bone with graft from hip or other bone
27726	Repair of non-healed shin bone with insertion of hardware
27759	Treatment of broken shin bone
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27814	Open treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27820	Treatment of open trimalleolar ankle fracture, with uncomplicated soft tissue closure
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27826	Open treatment of fracture of lower weight-bearing joint of fibula
27827	Open treatment of fracture of lower weight-bearing joint of shin bone
27828	Open treatment of fracture of lower weight-bearing joint of both lower leg bones
27829	Open treatment of ligament tear at ankle joint
27848	Open treatment of ankle dislocation with repair or internal or external hardware
27860	Manipulation of ankle under general anesthesia
27870	Fusion of ankle joint, open procedure
27871	Fusion of foreleg bones at knee or ankle joint
27880	Amputation of both lower leg bones
27884	Amputation of leg
27886	Re-amputation of leg
27899	Leg or ankle procedure
28002	Drainage of fluid-filled sac (bursa) of foot
28003	Drainage of multiple fluid-filled sacs (bursa) of foot
28005	Incision of foot bone
28008	Incision of tissues of muscle compartment of foot and/or toe
28010	Repair of toe tendon, accessed through the skin
28011	Repair of multiple toe tendons, accessed through the skin
28020	Incision of foot bone at ankle joint with exploration, drainage, or removal of foreign body
28022	Exploration, drainage, or removal of foreign body of foot
28024	Exploration, drainage, or removal of foreign body of toe joint
28039	Removal (1.5 centimeters or greater) tissue growth beneath the skin of foot or toe
28041	Removal (1.5 centimeters or greater) muscle growth of foot or toe
28043	Removal (less than 1.5 centimeters) tissue growth beneath the skin of foot or toe

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
28045	Removal (less than 1.5 centimeters) muscle growth of foot or toe
28046	Removal (less than 3 centimeters) tissue growth of foot or toe
28060	Partial removal of tissue at sole of foot
28070	Removal of joint lining of foot bone at ankle joint
28080	Removal of fibrous nerve growth from between toes
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Removal of growth of tendon covering or joint capsule of foot
28092	Removal of growth of tendon covering or joint capsule of toes
28100	Removal or scraping of bone cyst or growth of heel bone
28104	Removal or scraping of bone cyst or growth of ankle bone
28107	Removal or scraping of bone cyst or growth of foot bone with donor bone graft
28108	Removal or scraping of bone cyst or growth of toes
28110	Removal of bunion at fifth toe joint
28111	Removal of bone at fifth toe joint
28112	Removal of bones at second, third, or fourth toe joints
28113	Removal of foot bone at fifth toe joint
28114	Removal of multiple foot bones
28116	Removal of abnormal bones at ankle joint
28118	Removal of heel bone
28119	Removal of heel bone spur
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial removal of toe bone
28140	Removal of foot bone
28150	Removal of toe
28153	Partial removal of toe bone joints
28160	Partial removal of toe joint
28190	Removal of foreign body of foot tissue, accessed beneath the skin
28192	Removal of foreign body of foot tissue
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28208	Repair, tendon, flexor, foot; primary or secondary, with free graft, each tendon (includes obtaining graft)
28220	Tenolysis, flexor, foot; single tendon
28225	Tenolysis, flexor, foot; multiple tendons
28230	Incision to lengthen foot tendons, open procedure
28232	Incision to lengthen toe tendon, open procedure
28234	Incision to release foot tendon, open procedure
28240	Incision to release foot muscle tendon
28250	Incision to release tissue and muscle of sole of foot
28260	Incision of ankle joint capsule to correct foot deformity
28270	Incision of joint capsule of foot and toe
28280	Creation of web space between toes
28286	Correction of fifth toe joint deformity
28288	Removal of foot bone spur
28289	Correction of rigid deformity of first joint of big toe
28291	Correction of rigid deformity of first joint of big toe using implant

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
28300	Incision to repair heel bone
28302	Incision to repair ankle joint bone
28304	Incision to correct foot or ankle bones
28306	Incision to straighten big toe bone
28307	Incision to straighten big toe bone with patient-derived bone graft
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (e.g., Swanson-type cavus foot procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction of soft tissue angular deformity of toe
28315	Removal of small bone underlying long bone of foot at toe joint
28322	Repair of non-healed foot bone
28445	Open treatment of broken heel bone
28450	Treatment of broken foot bone
28465	Open treatment of broken foot bone
28470	Closed treatment of broken foot bone
28476	Insertion of hardware to broken foot bone with manipulation, accessed through the skin
28485	Open treatment of broken foot bone
28495	Closed treatment of broken great toe with manipulation
28505	Open treatment of broken great toe
28525	Open treatment of broken toe
28615	Open treatment of dislocated foot joint
28645	Open treatment of dislocated foot bone
28705	Arthrodesis; pantalar
28715	Arthrodesis; triple
28725	Arthrodesis; subtalar
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	Arthrodesis; midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (e.g., flatfoot correction)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	Arthrodesis, great toe; metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint
28800	Amputation, foot; midtarsal (e.g., Chopart-type procedure)
28805	Amputation, foot; transmetatarsal
28810	Amputation, metatarsal, with toe, single
28820	Amputation, toe; metatarsophalangeal joint
28825	Amputation, toe; interphalangeal joint
28899	Foot or toe procedure
29836	Removal of entire elbow joint lining using an endoscope
29840	Diagnostic examination of the wrist using an endoscope
29844	Partial removal of wrist joint lining using an endoscope
29845	Removal of wrist joint lining using an endoscope
29846	Removal or repair of wrist joint lining using an endoscope
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29862	Removal or shaving of hip joint socket cartilage using an endoscope
29891	Removal of bone defect of shin and/or ankle using an endoscope
29892	Removal and repair of large bone defect of shin or ankle using an endoscope

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
29893	Repair of fibrous tissue of foot using an endoscope
29894	Removal of loose or foreign body of ankle using an endoscope
29895	Partial removal of ankle joint lining using an endoscope
29897	Partial removal of ankle joint lining using an endoscope
29898	Removal of dead or infected ankle joint tissue using an endoscope
29899	Fusion of ankle joint using an endoscope
29907	Fusion of foot joint using an endoscope
30100	Biopsy of lining of nose
30115	Removal of polyps in nose
30117	Excision or destruction (e.g., laser), intranasal lesion; internal approach
30118	Excision or destruction (e.g., laser), intranasal lesion; external approach (lateral rhinotomy)
30120	Removal or scraping of skin on nose
30125	Removal of growth under nasal bone or cartilage
30220	Insertion of implant to close nasal passage
30310	Removal of foreign body in nose under anesthesia
30465	Widening of nasal passage
30540	Reconstruction to create nasal passages
30580	Repair of abnormal drainage tract between two nasal sinuses
30620	Repair of mucous lining of nasal passage with graft
30630	Repair of openings in nasal cartilage
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)
30930	Therapeutic fracture of nasal passages
30999	Nasal procedure
31030	Incision of nasal sinus
31032	Removal of nasal sinus growths
31040	Incision through sinus at cheek bone to reach nerves and blood vessels
31075	Incision of nasal sinus of one side of face
31085	Insertion of material to stop growth of nasal sinus lining
31231	Diagnostic examination of nasal passages using an endoscope
31233	Examination of nasal passage and sinus above teeth (maxillary sinus) using endoscope
31237	Biopsy or removal of nasal polyp or tissue using an endoscope
31238	Control of nasal bleeding using an endoscope
31239	Incision of tear duct using an endoscope
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31300	Removal of vocal cord growth or cartilage attachment
31360	Removal of voice box
31365	Removal of voice box, muscle, lymph nodes, and glands
31367	Laryngectomy; subtotal supraglottic, with radical neck dissection
31390	Removal of voice box, throat, muscle, lymph nodes, and glands
31502	Change of breathing tube of windpipe in neck
31512	Removal of growth of voice box using an endoscope
31525	Diagnostic examination of voice box using an endoscope
31526	Diagnostic examination of voice box using an endoscope with operating microscope or telescope
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31535	Biopsy of voice box using an endoscope
31536	Biopsy of voice box using an endoscope with operating microscope or telescope
31541	Removal of growth of tongue and/or vocal cord stripping using an endoscope with operating microscope or telescope
31545	Removal of vocal cord growths with tissue flap repair using an endoscope with operating microscope or telescope
31561	Removal of cartilage attaching voice box using an endoscope with operating microscope or telescope
31576	Biopsy of voice box using a flexible endoscope
31578	Removal of growth from voice box using a flexible endoscope
31579	Examination to assess movement of vocal cord flaps using an endoscope
31591	Repair of one side of voice box by moving vocal cord to middle
31600	Opening of windpipe through neck for insertion of breathing tube
31610	Creation of permanent opening of windpipe for breathing
31611	Creation of opening of windpipe and with insertion of speech prosthesis
31613	Tracheostoma revision; simple, without flap rotation
31614	Tracheostoma revision; complex, with flap rotation
31615	Examination of windpipe and lung airways through permanent skin opening to windpipe using an endoscope
31620	Ultrasound of lung airways using an endoscope
31622	Diagnostic examination of lung airways using an endoscope
31623	Examination of lung airways using an endoscope
31624	Irrigation and suction of lung airways to obtain cells using an endoscope
31627	Computer-assisted image-guided navigation of lung airways using an endoscope
31628	Biopsy of one lobe of lung using an endoscope
31630	Treatment of windpipe cartilage fracture or dilation of windpipe cartilage using an endoscope
31631	Insertion of stents into windpipe using an endoscope
31634	Examination of lung airways with repair of air leak using an endoscope
31636	Insertion of stents in lung airways using an endoscope
31638	Revision of previously inserted stent in lung airways using an endoscope
31640	Removal of growth in lung airways using an endoscope
31641	Destruction of growth or narrowing of lung airway using an endoscope
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])
31785	Removal of windpipe cartilage growth
31825	Plastic repair and closure of permanent windpipe opening or abnormal drainage tract
37193	Removal of vena cava filter with review by radiologist-see 37193
32096	Opening in chest with biopsy of fluid collection in one lung
32100	Incision and exploration of chest cavity
32124	Opening in chest with release of lung lining
32141	Removal of air sac of lung
32220	Removal of lung lining for lung expansion
32400	Needle biopsy of lining of lung, accessed through the skin
32405	Needle biopsy of lung or chest tissue, accessed through the skin

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
32408	Core needle biopsy of lung or center cavity of chest (mediastinum), accessed through the skin
32440	Removal of lung
32480	Removal of one lobe of lung
32484	Removal of a segment of lung tissue
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple
32505	Opening in chest with partial removal of lung tissue
32507	Partial removal of lung tissue for diagnostic examination
32550	Insertion of permanent catheter for drainage of lung fluid
32552	Removal of tunneled catheter in lung lining
32553	Insertion of devices in chest cavity for radiation therapy guidance, accessed through the skin
32601	Diagnostic examination of lungs, heart sac, mid-chest cavity, or lung lining using an endoscope
32606	Biopsy of tissue in mid-chest using an endoscope
32607	Biopsy of fluid collection in one lung using an endoscope
32608	Biopsy of growths in one lung using an endoscope
32609	Biopsy of lung lining using an endoscope
32650	Adhesion of the lung linings using an endoscope
32655	Removal of air sac of lung using an endoscope
32658	Removal of blood clot or foreign body from sac that covers the heart using an endoscope
32662	Removal of cyst or growth from mid-chest cavity using an endoscope
32663	Examination of lung with removal of lung lobe using an endoscope
32666	Partial removal of tissue of one lung using an endoscope
32667	Thoracoscopy, surgical; with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral (list separately in addition to code for primary procedure)
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (list separately in addition to code for primary procedure)
32669	Removal of a segment of lung tissue using an endoscope
32671	Removal of lung using an endoscope
32673	Removal of thymus gland using an endoscope
32674	Removal of lymph nodes of mid-chest cavity using an endoscope
32700	Thoracoscopy, exploratory
32820	Reconstruction of the chest wall after injury
32900	Removal of ribs
32997	Irrigation and drainage of one lung
33016	Drainage of heart sac
33202	Insertion of electrodes to outer layer of heart, open procedure
33206	Insertion or replacement of permanent pacemaker and upper-chamber electrodes
33207	Insertion or replacement of permanent pacemaker and lower-chamber electrodes
33208	Insertion of new or replacement of permanent pacemaker including upper- and lower-chamber electrodes
33211	Placement of temporary pacemaker leads
33212	Insertion of pacemaker pulse generator with existing single lead
33213	Insertion of pacemaker pulse generator with existing dual leads
33215	Repositioning of implanted pacemaker or defibrillator device
33216	Insertion of electrode for permanent pacemaker or pacing defibrillator device
33217	Insertion of electrodes for permanent pacemaker or pacing defibrillator device
33218	Repair of electrode for permanent pacemaker or defibrillator device
33220	Repair of two electrodes for permanent pacemaker or defibrillator device
33221	Insertion of pacemaker pulse generator with existing multiple leads



## SECTION 4: Prior Authorization Requirements

CPT Code	Description
33222	Relocation of pacemaker generator skin pocket
33223	Relocation of defibrillator device skin pocket
33224	Insertion of left heart electrode with attachment to pacemaker or pacing defibrillator device
33225	Insertion of left heart electrode for pacing defibrillator device
33227	Removal and replacement of single-lead permanent pacemaker pulse generator
33228	Removal and replacement of dual-lead permanent pacemaker pulse generator
33230	Insertion of pacing defibrillator pulse generator with existing dual leads
33231	Insertion of pacing defibrillator pulse generator with existing multiple leads
33234	Removal of electrode from right heart
33235	Removal of electrodes from right heart
33238	Removal of permanent pacemaker venous electrodes
33240	Insertion of pacing defibrillator pulse generator with existing single lead
33241	Removal of defibrillator pulse generator
33243	Removal of single- or dual-chamber implantable defibrillator electrode(s); by thoracotomy
33244	Removal of single- or dual-chamber implantable defibrillator electrode(s); by transvenous extraction
33249	Insertion or replacement of single or dual chamber pacing defibrillator leads
33256	Destruction and reconstruction of right upper heart on heart-lung machine
33257	Destruction and reconstruction of right upper heart
33259	Destruction of tissue and reconstruction of right upper heart on heart-lung machine
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (e.g., modified maze procedure), without cardiopulmonary bypass
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria extensive (e.g., modified maze procedure), without cardiopulmonary bypass
33270	Insertion or replacement of defibrillator with electrode
33286	Removal, subcutaneous cardiac rhythm monitor
33340	Repair of left upper heart
33361	Replacement of aortic valve with prosthetic valve, accessed through the skin
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension when performed; for aortic disease other than dissection
33405	Replacement of aortic valve using artificial valve on heart-lung machine, open procedure
33416	Removal of thickened heart muscle at left lower heart chamber
33418	Replacement of aortic valve with prosthetic valve, accessed through the skin
33425	Repair of valve between left heart chambers on heart-lung machine
33430	Replacement of valve between left upper and lower chambers on heart-lung machine
33477	Implantation of heart valve (pulmonary) to lungs, accessed through the skin
33508	Harvest of veins for coronary artery bypass procedure using an endoscope
33510	Coronary artery bypass, vein only; single coronary venous graft
33511	Coronary artery bypass, vein only; 2 coronary venous grafts

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
33512	Coronary artery bypass, vein only; 3 coronary venous grafts
33516	Coronary artery bypass, vein only; 4 coronary venous grafts
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure)
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (list separately in addition to code for primary procedure)
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (list separately in addition to code for primary procedure)
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (list separately in addition to code for primary procedure)
33530	Reoperation of heart artery bypass or valve procedure more than 1 month after original operation
33533	Heart artery bypass to repair one artery
33534	Heart artery bypass to repair multiple arteries
33542	Partial removal of heart muscle
33645	Direct or patch closure of extra tissue between two upper heart chambers
33858	Repair of ascending aorta with graft on heart-lung machine, for separation of wall of aorta (dissection)
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (e.g., Bentall)
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (e.g., David procedure, Yacoub procedure)
33880	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33979	Insertion of lower heart chamber blood flow assist device
33999	Heart surgery procedure
34701	Placement of graft for repair of aorta including radiological supervision and interpretation
34705	Placement of graft for repair of aorta and groin arteries including radiological supervision and interpretation
34707	Placement of graft for repair of groin artery including radiological supervision and interpretation
34712	Delivery of fixation device to graft via catheter including radiological supervision and interpretation
34713	Exposure of one groin artery for delivery of graft, accessed through the skin
34714	Exposure of one groin artery with creation of conduit, open procedure
34715	Exposure of one underarm or upper chest artery for delivery of prosthesis, open procedure
34716	Exposure of one underarm or upper chest artery with creation of conduit
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limb)
34812	Exposure of one thigh artery for insertion of prosthesis, open procedure
34834	Exposure of one arm artery for insertion of prosthesis, open procedure
34843	Placement of graft for repair of aorta with radiological supervision and interpretation, with 3 artery prostheses

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
34848	Placement of graft for repair of aorta with radiological supervision and interpretation, with 4 or more artery prostheses
35081	Repair of diseased or bulging (aneurysm) artery of abdominal aorta
35121	Repair of diseased or bulging (aneurysm) artery of abdominal organ
35151	Repair of diseased or bulging (aneurysm) artery of lower leg
35184	Repair of congenital abnormal artery-vein connection in arms or legs
35206	Repair of blood vessel of arm
35211	Repair of blood vessel of chest on heart-lung machine
35236	Repair of blood vessel of arm with vein graft
35256	Repair of blood vessel of leg with vein graft
35301	Removal of blood clot and portion of artery of neck
35302	Removal of blood clot and portion of artery of upper thigh
35351	Removal of blood clot and portion of artery of groin
35355	Removal of blood clot and portion of artery of upper thigh
35371	Thromboendarterectomy, including patch graft, if performed; common femoral
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35476	Balloon dilation of narrowed or blocked vein, accessed through the skin
35500	Harvest of upper arm vein segment for leg or heart artery bypass
35540	Bypass of diseased or blocked artery (aorta to upper leg and opposite upper leg artery)
35556	Bypass of diseased or blocked artery (upper to lower leg artery)
35558	Bypass of diseased or blocked artery (upper leg to opposite upper leg artery)
35566	Bypass of diseased or blocked artery (upper leg to lower leg artery)
35571	Bypass of diseased or blocked artery (lower leg to lower leg artery)
35583	Bypass of diseased or blocked artery (upper leg to lower thigh artery)
35585	Bypass of diseased or blocked artery (upper leg to lower leg artery)
35606	Bypass of diseased or blocked artery (neck to chest artery)
35646	Bypass of diseased or blocked artery (aorta to upper leg and opposite upper leg artery)
35647	Bypass of diseased or blocked artery (aorta to upper leg artery)
35651	Bypass graft, with other than vein; aortofemoral-popliteal
35656	Bypass of diseased or blocked artery (upper leg to lower thigh artery)
35661	Bypass of diseased or blocked artery (upper leg to opposite upper leg artery)
35666	Bypass of diseased or blocked artery (upper leg to lower leg arteries)
35685	Insertion of vein patch at lowest portion of bypass graft
35700	Reoperation of upper or lower leg artery more than 1 month after original operation
3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (e.g., X-ray, MRI, CT) corresponding to the same anatomical region in question
35820	Exploration of chest for postsurgical bleeding, blood clot, or infection
35860	Exploration of arm or leg for postsurgical bleeding, blood clot, or infection
36005	Injection for X-ray imaging procedure on veins of arm or leg
36010	Introduction of catheter into the upper or lower major vein (vena cava)
36011	Selective catheter placement, venous system; first-order branch (e.g., renal vein, jugular vein)
36012	Selective catheter placement, venous system; second-order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)
36200	Insertion of catheter into aorta
36216	Selective catheter placement, arterial system; each first-order thoracic or brachiocephalic branch, within a vascular family
36217	Selective catheter placement, arterial system; initial second-order thoracic or brachiocephalic branch, within a vascular family

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
36218	Selective catheter placement, arterial system; initial third-order or more selective thoracic or brachiocephalic branch, within a vascular family
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (e.g., middle cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure)
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)
36245	Selective catheter placement, arterial system; each first-order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second-order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	Selective catheter placement, arterial system; initial third-order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	Insertion of catheter into each additional abdominal, pelvic, or leg artery
36251	Insertion of catheters into main and accessory arteries of one kidney for imaging, including radiological supervision and interpretation
36252	Insertion of catheters into main and accessory arteries of both kidneys for imaging, including radiological supervision and interpretation
36253	Insertion of catheters into main and accessory arteries of one kidney for imaging, including radiological supervision and interpretation
36254	Insertion of catheters into main and accessory arteries of both kidneys for imaging, including radiological supervision and interpretation
36410	Insertion of needle into vein, patient 3 years or older
36415	Insertion of needle into vein for collection of blood sample
36430	Transfusion of blood or blood products
36481	Insertion of catheter into portal vein of liver, accessed through the skin
36556	Insertion of central venous catheter for infusion, patient 5 years or older
36558	Insertion of central venous catheter for infusion, patient 5 years or older

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
36561	Insertion of central venous catheter and implanted device for infusion beneath the skin, patient 5 years or older
36569	Insertion of central venous catheter for infusion, patient 5 years or older
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36589	Removal of central venous catheter for infusion
36590	Removal of peripheral venous catheter for infusion
36595	Mechanical removal of obstructive material from central venous catheter
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598	Contrast injections for X-ray imaging procedure to evaluate central venous access device
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transportation
36819	Arteriovenous anastomosis, open, by upper arm cephalic vein transportation, by upper arm basilic vein
36820	Arteriovenous anastomosis, open, by upper arm cephalic vein transportation, by forearm vein transportation
36821	Arteriovenous anastomosis, open, direct, any site
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
37215	Insertion of stents and blood clot protection device in neck artery, open or accessed through the skin
37216	Insertion of stents in neck artery, open or accessed through the skin
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial or coronary), open or percutaneous, including radiologic supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiologic supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiologic supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiologic supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein
37607	Tying or banding of a passage between an artery and vein
37609	Tying or biopsy of temporal artery (side of skull)

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
37720	Ligation and division and complete stripping of long or short saphenous veins
37788	Penile revascularization, artery, with or without vein graft
38100	Removal of spleen
38102	Removal of spleen during other surgical procedure
38120	Examination of spleen using an endoscope
38220	Diagnostic bone marrow aspiration
38221	Bone marrow biopsy
38222	Bone marrow biopsy and aspiration
38500	Biopsy or removal of lymph nodes, open procedure
38505	Needle biopsy or removal of lymph nodes
38510	Biopsy or removal of lymph nodes of neck, open procedure
38525	Biopsy or removal of lymph nodes of under the arm, open procedure
38530	Biopsy or removal of breast lymph nodes, open procedure
38542	Removal of lymph nodes of neck
38562	Removal of pelvic or aortic lymph nodes
38570	Removal of abdominal cavity lymph nodes using an endoscope
38571	Removal of total lymph nodes of both sides of pelvis using an endoscope
38572	Removal of total lymph nodes of both sides of pelvis and abdominal lymph node biopsy using an endoscope
38589	Lymph node procedure using an endoscope
38700	Removal of lymph nodes from chin to thyroid cartilage
38720	Removal of neck lymph nodes
38724	Removal of lymph nodes, muscle, and tissue of neck
38745	Removal of all underarm lymph nodes
38746	Removal of lymph nodes from chest cavity and breast bone
38747	Removal of abdominal organ lymph nodes
38760	Removal of lymph nodes at groin
38780	Removal of abdominal cavity lymph nodes
38999	Lymph node procedure
39220	Removal of tumor below breast bone
39401	Examination of chest using an endoscope with biopsy
39402	Examination of chest using an endoscope with lymph node biopsy
39545	Suture of muscle separating the chest and abdominal cavities to restore function
40510	Removal of wedge of lip tissue
40527	Removal of lip with skin flap repair
40654	Repair of vertical lip wound extending to over half of lip
40799	Lip procedure
40801	Incision of abscess, cyst, or blood accumulation in mouth
40804	Removal of embedded foreign body of mouth
40810	Removal of growth of tissue of mouth
40812	Removal of growth of mouth
40814	Removal of growth of mouth with plastic repair
40816	Removal of tissue and muscle growth of mouth
40819	Removal of tissue at dental edge and cheek
40820	Destruction of growth or scar of mouth
41008	Drainage of abscess, cyst, or blood accumulation under the jawbone
41105	Biopsy of tongue



## SECTION 4: Prior Authorization Requirements

CPT Code	Description
41108	Biopsy of floor of mouth
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	Excision of lesion of tongue with closure; posterior one-third
41114	Excision of lesion of tongue with closure; with local tongue flap
41116	Removal of growth of floor of mouth
41120	Glossectomy; less than one-half tongue
41130	Glossectomy; hemiglossectomy
41135	Partial removal of tongue and surrounding lymph nodes on one side of neck
41150	Removal of tongue, floor of mouth, and jawbone
41530	Destruction of tongue tissue, per session
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42107	Excision, lesion of palate, uvula; with local flap closure
42120	Partial removal of roof of mouth
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g. uvuloplasty, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	Destruction of growth or soft tissue at roof of mouth
42299	Mouth procedure
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	Sialolithotomy; parotid, extraoral or complicated, intraoral
42410	Removal of salivary gland growth or salivary gland, lateral lobe
42415	Partial removal of salivary gland growth with release of facial nerve
42420	Removal of total salivary gland growth or salivary gland with release of facial nerve
42425	Removal of total salivary gland growth or salivary gland and facial nerve
42440	Removal of salivary gland under floor of mouth
42450	Removal of salivary gland under tongue
42500	Plastic repair of salivary duct, sialodochoplasty; primary
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42510	Creation of new drainage tracts of major salivary gland ducts on both sides of mouth with tying of salivary gland ducts
42660	Salivary gland duct dilation
42800	Biopsy of back of throat
42804	Biopsy of throat lesion behind nose
42808	Removal or destruction of throat growth
42810	Removal of congenital skin and tissue cyst
42870	Removal or destruction of growth of tongue lymph node
42950	Plastic or reconstructive repair of the throat
43030	Severing of muscle at upper esophagus
43130	Removal of defect in wall of esophagus
43180	Removal of esophagus tissue using an endoscope
43191	Diagnostic examination of esophagus using an endoscope
43192	Injections of substance in tissue lining of esophagus using an endoscope
43193	Biopsy of esophagus using an endoscope
43194	Removal of foreign bodies of esophagus using an endoscope
43195	Balloon dilation of esophagus using an endoscope
43200	Diagnostic examination of esophagus using an endoscope
43202	Biopsy of esophagus using an endoscope

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
43211	Removal of tissue lining of esophagus using an endoscope
43220	Balloon dilation of esophagus using an endoscope
43226	Insertion of guide wire for dilation of esophagus using an endoscope
43229	Destruction of growths of esophagus using an endoscope
43231	Ultrasound examination of esophagus using an endoscope
43236	Injections of esophagus, stomach, and/or upper small bowel using an endoscope
43237	Ultrasound examination of esophagus, stomach, and/or upper small bowel using an endoscope
43238	Ultrasound-guided needle aspiration or biopsies of esophagus using an endoscope
43240	Drainage of cyst of the esophagus, stomach, and/or upper small bowel using an endoscope
43242	Ultrasound-guided needle aspiration or biopsy of esophagus, stomach, and/or upper small bowel using an endoscope
43245	Dilation of stomach outlet using an endoscope
43246	Insertion of stomach tube using an endoscope
43248	Insertion of guide wire with dilation of esophagus using an endoscope
43249	Balloon dilation of esophagus using an endoscope
43251	Removal of polyps or growths of esophagus, stomach, and/or upper small bowel using an endoscope
43253	Injection of diagnostic or therapeutic substances or markers in esophagus, stomach, and/or upper small bowel using an endoscope
43259	Ultrasound examination of esophagus, stomach, and/or upper small bowel using an endoscope
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed
43261	Biopsy of gallbladder, pancreatic, liver, and bile ducts using an endoscope
43262	Incision of pancreatic outlet muscle using an endoscope
43264	Removal of stone from bile or pancreatic duct using an endoscope
43265	Destruction of stone in bile or pancreatic duct using an endoscope
43270	Destruction of growths on esophagus, stomach, and/or upper small bowel using an endoscope
43274	Placement of stent pancreatic or bile duct using an endoscope
43275	Removal of foreign body or stent from pancreatic or bile duct using an endoscope
43276	Replacement of stent pancreatic or bile duct using an endoscope
43277	Balloon dilation of pancreatic or bile duct using an endoscope
43278	Destruction of mass on gallbladder, pancreatic, liver, and bile ducts using an endoscope
43279	Repair of muscle to lower esophagus and stomach using an endoscope
43280	Repair of muscle at esophagus and stomach using an endoscope
43281	Repair of hernia of muscle at esophagus and stomach using an endoscope
43282	Repair of hernia of muscle at esophagus and stomach with implantation of mesh using an endoscope
43283	Lengthening of esophagus using an endoscope
43288	Removal of esophagus using an endoscope
43289	Esophagus procedure using an endoscope
43325	Repair of muscle at lower esophagus and stomach
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
43336	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
43450	Dilation of esophagus
43499	Esophagus procedure
43621	Removal of stomach with lower small bowel attachment to esophagus
43631	Gastrectomy, partial, distal, with gastroduodenostomy
43632	Gastrectomy, partial, distal, with gastrojejunostomy
43633	Removal of end portion of stomach with attachment to small bowel

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
43640	Severing of vagus nerve to stomach
43653	Creation of stomach feeding tube using an endoscope
43762	Replacement of stomach stoma tube accessed through skin
44005	Release of intestinal scar tissue
44015	Insertion of feeding tube or catheter into upper small bowel
44110	Removal of growth of small or large bowels
44120	Enterectomy, resection of small intestine; single resection and anastomosis
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis
44125	Partial removal of small bowel with creation of drainage tract to skin surface
44139	Release of large bowel from spleen and abdominal wall
44140	Colectomy, partial; with anastomosis
44141	Partial removal of large bowel with creation of opening to the skin
44143	Partial removal of large bowel with creation of opening
44144	Partial removal of large bowel with creation of small or large bowel opening
44145	Partial removal of large bowel and reattachment to rectum
44146	Partial removal of large bowel and reattachment to rectum and creation of large bowel opening
44147	Colectomy, partial; abdominal and transanal approach
44150	Removal of large bowel with attachment of small bowel to rectum or creation of small bowel opening
44155	Removal of large bowel and rectum with creation of small bowel opening
44158	Removal of large bowel and rectum with attachment of small bowel to anus
44160	Partial removal of small and large bowel with attachment of small and large bowel
44180	Release of small bowel scar tissue using an endoscope
44186	Laparoscopy, surgical; jejunostomy (e.g. for decompression, feeding)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	Creation of large bowel opening using an endoscope
44202	Partial removal of small bowel using an endoscope
44204	Partial removal of large bowel using an endoscope
44205	Partial removal of small and large bowel with attachment of small and large bowel using an endoscope
44206	Partial removal of large bowel with creation of opening using an endoscope
44207	Partial removal of large bowel and reattachment to rectum using an endoscope
44208	Partial removal of large bowel and reattachment to rectum and creation of large bowel opening using an endoscope
44210	Removal of large bowel with attachment of small bowel to rectum or creation of small bowel opening using an endoscope
44211	Removal of large bowel and rectum with attachment of small bowel to anus and creation of small bowel opening using an endoscope
44212	Removal of large bowel and rectum with creation of small bowel opening using an endoscope
44227	Closure of large or small bowel opening using an endoscope
44238	Bowel procedure using an endoscope
44300	Insertion of small bowel tube, open procedure
44310	Creation of small bowel feeding tube
44314	Reconstruction of small bowel opening
44320	Creation of large bowel drainage tract to skin surface
44346	Revision of large bowel opening and hernia repair
44366	Control of bleeding in small bowel using an endoscope
44602	Suture of small bowel for perforated ulcer, pouch, wound, injury, or rupture; single perforation
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
44620	Closure of large or small bowel opening
44625	Closure of large or small bowel opening with bowel removal and reattachment
44626	Closure of large or small bowel opening with bowel removal and reattachment of large bowel and rectum
44640	Closure of abnormal drainage tract of small bowel
44650	Closure of abnormal drainage tract within small bowel or small to large bowel
44799	Small bowel procedure
44820	Removal of growth from abdominal cavity
44950	Removal of appendix
44970	Removal of appendix using an endoscope
45100	Biopsy of rectum
45110	Removal of rectum with creation of large bowel opening, open abdominal and rectal procedure
45111	Partial removal of rectum, open abdominal procedure
45121	Removal of congenital rectal defect and large bowel with multiple biopsies, open abdominal and rectal procedure
45130	Excision of rectal procidentia, with anastomosis; perineal approach
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45171	Removal of rectal growth
45172	Removal of rectal muscle growth
45190	Destruction of rectal growth
45305	Biopsy of rectum and large bowel using an endoscope
45317	Control of bleeding in rectum and large bowel using an endoscope
45327	Insertion of rectal or large bowel stent using an endoscope
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
45340	Dilation of large bowel stricture using an endoscope
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed
45379	Colonoscopy, flexible; with removal of foreign bodies
45380	Colonoscopy, flexible; with biopsy, single or multiple
45384	Colonoscopy, flexible; with removal of tumor(s), polyps, or other lesions by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyps, or other lesions by snare technique
45386	Balloon dilation of large bowel using an endoscope
45390	Removal of large bowel tissue using an endoscope
45392	Ultrasound-guided needle aspiration or biopsy of lower large bowel using an endoscope
45395	Removal of rectum with creation of large bowel opening through using an endoscope, abdominoperineal approach
45399	Large bowel procedure
45400	Repair of rectal prolapse using an endoscope
45505	Repair of rectal prolapse
45540	Fixation of rectum to sacrum, open abdominal procedure
45900	Repair of rectal prolapse under anesthesia
45905	Dilation of anal muscle under anesthesia
45990	Diagnostic examination of anus and rectum under anesthesia
46020	Insertion of drain device in anus
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	Drainage of rectal abscess under anesthesia
46050	Incision and drainage, perirectal abscess, superficial

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46080	Division of muscle of anus
46200	Excision of abnormal anal drainage tract
46220	Removal of anal growth
46221	Removal of hemorrhoid by rubber banding
46230	Removal of multiple external anal growths
46250	Removal of multiple external hemorrhoids
46255	Removal of internal and external hemorrhoids
46257	Removal of internal and external hemorrhoids with excision of abnormal anal drainage tract
46258	Removal of internal and external hemorrhoids with repair of abnormal anal drainage tract
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46270	Repair of abnormal anal drainage tract
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
46288	Repair of abnormal anal drainage tract
46320	Removal of engorged hemorrhoid
46505	Injection of agent to paralyze anal muscle
46604	Dilation of anus using an endoscope
46606	Biopsy of anus using an endoscope
46607	Biopsies of anus with magnification and chemical agent enhancement using an endoscope
46610	Removal of anal polyps or growths using an endoscope
46612	Removal of multiple anal polyps or growths using an endoscope
46707	Repair of abnormal anal drainage tract
46940	Repair of anal tear with dilation of anal muscle
46945	Removal and tying of single hemorrhoid group
46946	Removal and tying of multiple hemorrhoid groups
46947	Repair of prolapsing hemorrhoids
47000	Needle biopsy of liver, accessed through the skin
47100	Partial removal of liver tissue
47120	Partial removal of liver lobe
47122	Removal of right liver lobe with partial removal of left liver lobe
47125	Removal of left liver lobe
47300	Creation of tract to drain liver cyst or abscess
47362	Re-exploration of liver wound with removal of packing
47379	Liver procedure using an endoscope
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical
47382	Destruction of 1 or more growths in liver, accessed through the skin
47420	Drainage or removal of liver duct stone
47530	Revision and/or reinsertion of liver drainage catheter
47700	Exploration of congenital bile duct defect
47711	Excision of bile duct tumor, with or without primary repair of bile duct, extrahepatic
47712	Excision of bile duct tumor, with or without primary repair of bile duct, intrahepatic
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
48140	Partial removal of pancreas
48145	Partial removal of pancreas with connection of pancreas to small bowel
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure) with pancreaticojejunostomy
48152	Partial removal of pancreas, bile duct, and small bowel
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure) with pancreaticojejunostomy
48999	Pancreas procedure
49000	Exploration of abdomen and abdominal organs
49010	Exploration behind abdominal cavity
49020	Drainage of abdominal abscess or infection, open procedure
49082	Drainage of fluid from abdominal cavity
49083	Drainage of fluid from abdominal cavity using imaging guidance
49180	Needle biopsy of abdominal cavity growth, accessed through the skin
49203	Removal or destruction of (5.0 centimeters or less) abdominal cavity growths, cysts, or abnormal tissue, open procedure
49204	Removal or destruction of (5.1 to 10.0 centimeters) abdominal cavity growths, cysts, or abnormal tissue, open abdominal procedure
49205	Removal or destruction of (greater than 10.0 centimeters) abdominal cavity growths, cysts, or abnormal tissue, open procedure
49255	Removal of lining covering abdominal organs
49320	Diagnostic examination of the abdomen using an endoscope
49321	Biopsy of abdomen using an endoscope
49324	Insertion of abdominal cavity catheter using an endoscope
49325	Revision of abdominal cavity catheter using an endoscope
49327	Examination of abdomen with insertion of devices for radiation therapy using endoscope
49329	Procedure on abdomen using an endoscope
49400	Injection of air or X-ray contrast material into abdominal cavity
49405	Image-guided fluid collection drainage by catheter (e.g. abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g. kidney, liver, spleen/mediastinum), percutaneous
49406	Image-guided fluid collection drainage by catheter (e.g. abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
49411	Insertion of devices in abdominal cavity for radiation therapy guidance, accessed through the skin
49412	Insertion of devices for radiation therapy guidance in abdominal cavity, open procedure
49418	Insertion of abdominal catheter through the skin using imaging guidance including radiological supervision and interpretation
49421	Insertion of abdominal cavity catheter for drainage or dialysis, open procedure
49422	Removal of abdominal cavity catheter
49423	Exchange of abdominal cavity drainage catheter using imaging guidance
49440	Insertion of stomach tube (accessed through the skin) using fluoroscopic guidance with contrast
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance, including contrast injection(s), image documentation and report
49450	Replacement of stomach or large bowel tube using fluoroscopic guidance with contrast, accessed through the skin
49452	Replacement of stomach to small bowel tube using fluoroscopic guidance with contrast, accessed through the skin
49496	Repair of trapped groin hernia, full-term infant younger than 6 months or preterm infant older than 50 weeks postconceptional age and younger than 6 months at time of surgery
49500	Repair of groin hernia patient age 6 months to younger than 5 years



## SECTION 4: Prior Authorization Requirements

CPT Code	Description
49999	Abdominal procedure
50060	Removal of kidney stone
50075	Removal of kidney stones
50080	Removal or crushing kidney stone (up to 2 centimeters) or insertion kidney stent using an endoscope, accessed through the skin
50081	Removal or crushing kidney stone (over 2 centimeters) or insertion kidney stent using an endoscope, accessed through the skin
50200	Needle biopsy of kidney, accessed through the skin
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous on surgery on same kidney
50230	Removal of kidney, lymph nodes, and/or blood clot from major vein (vena cava) with partial removal of urinary duct (ureter), open procedure
50240	Partial removal of kidney
50280	Removal of kidney cysts
50382	Removal and replacement of indwelling stent in urinary duct (ureter) including radiological supervision and interpretation, accessed through the skin
50385	Removal and replacement of indwelling stent in urinary duct (ureter) including radiological supervision and interpretation
50387	Removal and replacement of stent in kidney and urinary duct (ureter) using fluoroscopic guidance including radiological supervision and interpretation
50389	Removal of kidney drainage tube (ureter) using fluoroscopic guidance
50394	Injection procedure for X-ray imaging of kidney and urinary duct (ureter)
50395	Dilation of kidney and/or urinary duct (ureter) with creation of drainage tract, accessed through the skin
50431	Injection procedure for X-ray imaging of kidney and urinary duct (ureter) using imaging guidance including radiological supervision and interpretation
50436	Enlargement of existing opening into urinary tract, accessed through skin using imaging guidance
50543	Partial removal of kidney using an endoscope
50544	Repair of kidney using an endoscope
50545	Removal of kidney and lymph nodes using an endoscope
50546	Removal of kidney and partial removal of urinary duct (ureter) using an endoscope
50548	Removal of kidney and urinary duct (ureter) using an endoscope
50561	Removal of kidney foreign body or stone using an endoscopy that is inserted through an already created kidney opening
50590	Lithotripsy, extracorporeal shock wave
50592	Destruction of 1 or more growths in one kidney, accessed through the skin
50593	Destruction of growths in one kidney, accessed through the skin
50650	Removal of urinary duct (ureter) and partial removal of bladder
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram, when performed
50700	Ureteroplasty, plastic operation on ureter (e.g., stricture)
50727	Revision of opening from urinary tract to skin
50780	Connection to bladder of lower portion of urinary duct (ureter)
50820	Connection of urinary duct (ureter) to small bowel with creation of opening
50947	Repositioning of urinary duct (ureter) and insertion of stent using an endoscope
50951	Examination of kidney and urinary duct (ureter) using an endoscopy which is inserted through an already created urinary duct (ureter) opening
51040	Incision of bladder with drainage

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
51050	Incision of bladder with removal of bladder stone
51100	Needle aspiration of bladder
51102	Aspiration of bladder with insertion of bladder tube to skin surface
51550	Partial removal of bladder
51570	Removal of bladder
51590	Removal of bladder with transplantation of urinary ducts (ureters) to small or large bowel with creation of urinary opening
51595	Removal of bladder and lymph nodes on both sides of pelvis with transplantation of urinary ducts (ureters) to small or large bowel with creation of urinary opening
51600	Injection procedure for X-ray imaging of the bladder or during voiding
51610	Injection procedure through the bladder and bladder canal (urethra) for X-ray imaging
51700	Bladder irrigation and/or instillation
51702	Insertion of indwelling bladder catheter
51705	Removal of skin suture with change of bladder tube
51715	Injection or implant of synthetic material into bladder and/or bladder canal (urethra) using an endoscope
51720	Bladder instillation of cancer preventive, inhibiting, or suppressive agent
51726	Insertion of electronic device into bladder with measurement of urine flow pressure
51727	Insertion of electronic device into bladder with bladder canal (urethra) pressure studies
51728	Insertion of electronic device into bladder with voiding pressure studies
51729	Insertion of electronic device into bladder with voiding and bladder canal (urethra) pressure studies
51741	Electronic assessment of bladder emptying
51784	Non-needle measurement and recording of electrical activity of muscles at bladder and bowel openings
51797	Insertion of device into the abdomen with measurement of pressure and urine flow rate
51800	Repair of bladder and/or bladder canal (urethra)
51960	Enlargement of the bladder using a portion of bowel
52000	Diagnostic examination of the bladder and bladder canal (urethra) using an endoscope
52001	Irrigation and removal of multiple blood clots from bladder and bladder canal (urethra) using an endoscope
52005	Insertion of catheter into urinary duct (ureter) using an endoscope
52204	Biopsy of the bladder using an endoscope
52214	Destruction of tissue in the bladder, bladder canal (urethra), or surrounding glands using an endoscope
52224	Destruction of (less than 0.5 centimeters) growths of the bladder and bladder canal (urethra) using an endoscope
52234	Destruction and/or removal of (0.5 to 2.0 centimeters) small growths of the bladder using an endoscope
52235	Destruction and/or removal of (2.0 to 5.0 centimeters) medium growths of the bladder and bladder canal (urethra) using an endoscope
52240	Destruction and/or removal of large growths of the bladder using an endoscope
52260	Dilation of the bladder using an endoscope under general or spinal anesthesia
52265	Dilation of the bladder including local anesthetic using an endoscope
52275	Incision of the bladder canal (urethra) using an endoscope, male
52276	Incision of the bladder canal (urethra) using an endoscope
52281	Dilation of bladder canal (urethra) using an endoscope
52282	Insertion of a permanent bladder canal (urethra) stent using an endoscope
52283	Steroid injection into bladder canal (urethra) stricture using an endoscope

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
52285	Examination of bladder and bladder canal (urethra) for treatment of female urethral syndrome using an endoscope
52287	Examination with injections of chemical for destruction of bladder using an endoscope
52310	Removal of foreign body, stone, or stent from bladder canal (urethra) or bladder using an endoscope
52315	Complicated removal of foreign body, stone, or stent from bladder canal (urethra) or bladder using an endoscope
52317	Crushing, fragmenting, and removal of (less than 2.5 centimeters) bladder stone
52318	Crushing, fragmenting, and removal of bladder stones, complicated or larger than 2.5 centimeters
52320	Removal of stone in urinary duct (ureter) using an endoscope
52325	Fragmenting of stone in urinary duct (ureter) using an endoscope
52327	Injection of implant material in bladder using an endoscope
52332	Insertion of stent in urinary duct (ureter) using an endoscope
52344	Treatment of stricture in urinary duct (ureter) using an endoscope
52351	Diagnostic examination of the bladder, bladder canal (urethra), and urinary duct (ureter) or kidney using an endoscope
52352	Removal or manipulation of stone in urinary duct (ureter) or kidney using an endoscope
52353	Crushing of stone in urinary duct (ureter) using an endoscope
52354	Biopsy and/or destruction of growth of urinary duct (ureter) or kidney using an endoscope
52355	Removal of tumor urinary duct (ureter) or kidney using an endoscope
52356	Crushing of stone in urinary duct (ureter) with stent using an endoscope
52500	Removal of bladder neck through bladder canal (urethra)
52640	Removal of postsurgical bladder neck contracture
53010	Incision or repair of abnormal bladder canal (urethra)
53020	Incision of external urinary opening
53230	Removal of pouch of female bladder canal (urethra)
53250	Removal of seminal fluid gland
53445	Insertion of inflatable bladder canal (urethra) or bladder neck sphincter
53446	Removal of inflatable bladder canal (urethra) or bladder neck sphincter
53448	Removal and replacement of inflatable bladder canal (urethra) or bladder neck sphincter
53449	Repair of inflatable bladder canal (urethra) or bladder neck sphincter, including pump, reservoir, and cuff
53450	Repair of bladder canal (urethra) and urinary opening
53500	Release of bladder canal (urethra) scar tissue using an endoscope
53600	Dilation of narrowing of bladder canal (urethra), male
53620	Dilation of narrowing of bladder canal (urethra), male
53660	Dilation of bladder canal (urethra), female
53899	Urinary system procedure
54001	Incision of penile foreskin
54065	Destruction of multiple penile growths
54110	Removal of abnormally thickened tissue in penis
54111	Removal of abnormally thickened tissue in penis with up to 5 cm graft
54112	Excision of penile plaque (Peyronie's disease); with graft greater than 5 cm in length
54150	Removal of foreskin of using clamp or device
54161	Removal of foreskin, patient older than 28 days of age
54163	Repair of incomplete removal of penile foreskin
54505	Incisional biopsy of testis (testicle)
54530	Orchiectomy, radical, for tumor; inguinal approach
54535	Orchiectomy, radical, for tumor; with abdominal exploration
54830	Removal of sperm duct growth

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
54840	Removal of fluid accumulation in sperm reservoir
54860	Removal of one sperm reservoir
55040	Removal of fluid accumulation in one testicle and sperm reservoir
55041	Removal of fluid accumulation in both testicles and sperm reservoirs
55060	Repair of fluid accumulation in testicle and sperm reservoir
55110	Exploration of the scrotal sac of testicle
55150	Removal of diseased or injured scrotal skin
55250	Removal of sperm duct
55530	Removal of spermatic cord venous dilation or tying of spermatic veins
55550	Tying of spermatic veins using an endoscope
55700	Biopsy of prostate gland
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57135	Excision of vaginal cyst or tumor
57210	Suture of non-obstetrical injury of the vagina and/or skin
57240	Repair of herniation of bladder into vaginal wall
57250	Repair of herniated rectum into vaginal wall
57260	Plastic repair of vagina and tissue separating vagina, rectum, and bladder
57280	Attachment of vagina to rear pelvic bone (sacrum)
57282	Vaginal repair of pelvic ligaments
57283	Anatomic repositioning of vagina
57284	Repair through abdomen of vaginal wall defect, open procedure
57287	Removal or revision of sling around bladder canal (urethra) to control leakage
57288	Creation of sling around bladder canal (urethra) to control leakage
57300	Closure of rectovaginal fistula; vaginal or transanal approach
57320	Closure of vesicovaginal fistula, vaginal approach
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach
57410	Pelvic examination under anesthesia (other than local)
57421	Biopsy of vagina and cervix using an endoscope
57425	Vaginal defect repair using an endoscope
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Biopsy and scraping of the cervix using an endoscope
57455	Biopsy of cervix using an endoscope
57456	Scraping of the cervix using an endoscope
57460	Biopsy of cervix using an endoscope
57461	Cone biopsy of the cervix and vagina using an endoscope
57505	Scraping of tissue of cervix
57513	Laser destruction of cervix
57520	Conization of cervix, with or without fulguration, with or without dilation & curettage, with or without repair; cold knife or laser
57522	Conization of cervix, with or without fulguration, with or without dilation & curettage, with or without repair; loop electrode excision
57530	Removal of cervix
57531	Removal of cervix with removal of lymph nodes on both sides of pelvis and aortic lymph node biopsy
57540	Removal of remaining cervix
57558	Dilation and scraping of cervix
58100	Biopsy of uterine lining
58140	Abdominal removal of fibroid tumors (250 grams or less) of uterus
58145	Vaginal removal of fibroid tumors (250 grams or less) of uterus

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
58146	Abdominal removal of fibroid tumors (greater than 250 grams) of uterus
58300	Placement of intra-uterine device (IUD) for pregnancy prevention
58301	Removal of intra-uterine device (IUD) for pregnancy prevention
58353	Destruction of lining of uterus
58400	Anatomic repositioning of uterus
58558	Biopsy and/or removal of polyp of the uterus using an endoscope
58559	Release of uterine adhesions using an endoscope
58561	Removal of uterine muscle tumor using an endoscope
58562	Removal of foreign body in uterus using an endoscope
58662	Destruction or removal of ovary or pelvic growths using an endoscope
58670	Destruction of ovaries using an endoscope
58671	Blocking of uterine tubes by device using an endoscope
58700	Removal of the uterine tubes
58740	Removal of scar tissue of ovaries or uterine tubes
58920	Vaginal or abdominal tissue wedge removal of ovaries
58925	Removal of ovaries
58951	Removal of abdominal lining, uterus, both ovaries and fallopian tubes, and pelvic and aortic lymph nodes
58952	Removal of abdominal lining and both ovaries and fallopian tubes with tumor reduction
58953	Removal of abdominal lining, uterus, and both ovaries and fallopian tubes with tumor reduction
58954	Removal of abdominal lining, uterus, both ovaries and fallopian tubes, and pelvic and aortic lymph nodes with tumor reduction
58956	Removal of abdominal lining, uterus, and both ovaries and fallopian tubes
58957	Removal of tubes, ovaries, uterus, and lymph nodes for uterine malignancy
58999	Female genital system (nonobstetric) procedure
59300	Episiotomy or vaginal repair
59820	Treatment of first-trimester missed abortion
59840	Induced abortion by dilation and uterine scraping
59841	Induced abortion by dilation and removal of pregnancy contents
60200	Incision of thyroid cyst or growth
60210	Partial removal of thyroid lobe on one side of the neck
60220	Total removal of thyroid lobe on one side of the neck
60225	Total removal of thyroid lobe on one side of the neck plus partial removal of thyroid lobe on the opposite side of the neck including the tissue in between
60240	Thyroidectomy; total or complete
60252	Thyroidectomy, total or subtotal for malignancy; with limited dissection
60254	Thyroidectomy, total or subtotal for malignancy; with radical dissection
60260	Removal of remaining thyroid tissue
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	Thyroidectomy, including substernal thyroid; cervical approach
60280	Removal of thyroid cyst or drainage of thyroid gland duct
60281	Removal of cyst or thyroid gland drainage tract
60500	Removal or exploration of parathyroid glands
60512	Excision and reimplantation of parathyroid tissue
60520	Removal of thymus gland through neck incision
60540	Abdominal exploration or removal of adrenal gland
60650	Abdominal exploration or removal of adrenal gland using an endoscope
61154	Aspiration of blood accumulation in brain
61305	Exploration of the brain

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
61312	Aspiration of blood accumulation in brain
61322	Incision or excision of skull to reduce brain pressure
61458	Excision of skull base for exploration or release of cranial nerves
61510	Craniectomy, trephination, bone flap craniotomy; for excision brain tumor, supratentorial, except meningioma
61512	Craniectomy, trephination, bone flap craniotomy; for excision meningioma, supratentorial
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61520	Removal of eighth cranial nerve brain tumor
61531	Implantation of brain strip electrodes for seizure monitoring
61538	Excision of lobe of brain with measurement of seizure activity
61556	Incision of prematurely closed skull suture with skull bone flap
61563	Removal of skull bone growth
61580	Removal of nasal sinuses to approach brain lesion
61583	Removal of facial bone to approach brain lesion
61590	Removal of jawbone to approach brain lesion
61591	Removal of skull bone behind ear to approach brain lesion
61597	Removal of skull base to approach brain lesion
61605	Removal of lesion at skull base
61611	Incision or tying of carotid artery at skull base
61618	Repair of brain covering by tissue or synthetic graft
61619	Repair of brain covering by vascular or combined vascular muscle graft
61624	Occlusion of abnormal artery, accessed through the skin
61626	Occlusion of head or neck artery, accessed through the skin
61697	Repair of bulging of blood vessel (aneurysm) in brain
61750	Stereotactic biopsy, aspiration, or excision of brain lesion
61751	Stereotactic biopsy, aspiration, or excision of brain lesion using CT and/or MRI guidance
61760	Stereotactic implantation of brain electrodes for seizure monitoring
61781	Computer-assisted procedure inside the brain
61782	Computer-assisted procedure outside the brain
61783	Computer-assisted spinal procedure
61790	Stereotactic creation of lesion of cranial nerve, accessed through the skin
62100	Repair of membrane covering the brain
62121	Repair of herniation of brain at skull base
62140	Reshaping of (up to 5 centimeters in diameter) skull bone defect
62141	Reshaping of (larger than 5 centimeters in diameter) skull bone defect
62142	Removal of bone flap or prosthesis from skull
62145	Reshaping of skull bone defect
62164	Removal of brain tumor using an endoscope
62165	Removal of pituitary gland tumor using an endoscope
62223	Creation of brain fluid drainage shunt
62225	Replacement or irrigation of brain fluid drainage shunt catheter
62230	Replacement or revision of brain fluid drainage shunt valve or catheter
62256	Removal of brain and spinal fluid shunt system
62267	Diagnostic aspiration of spinal disc or tissue, accessed through the skin
62270	Spinal tap for diagnosis
62272	Spinal tap with drainage of spinal fluid
62273	Injection of blood or blood clot into spinal canal
62284	Injection of dye for X-ray imaging and/or CT of lower spinal canal



## SECTION 4: Prior Authorization Requirements

CPT Code	Description
62290	Injection of dye for X-ray imaging of spine disc
62310	Injections of substances into upper or middle spine
62311	Injections of substances into lower or sacral spine
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance
63081	Vertebral corpectomy(vertebral body resection) partial or complete, anterior approach with decompression of spinal cord and/or nerve roots; cervical, single segment
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural (removal of growth in the thoracic spine)
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural (removal of growth in the lumbar spine)
63271	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, intradural (removal of growth in the thoracic spine)
63276	Removal or biopsy of middle spine bone growth
63280	Removal or biopsy of upper spine bone growth
63741	Creation of spinal fluid shunt, accessed through the skin
64461	Paravertebral block (PVB) (paraspinous block) thoracic; single injection site (includes imaging guidance when performed)
64600	Destruction by neurolytic agent, trigeminal nerve; suborbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64702	Release of nerve of finger
64716	Release and/or relocation of cranial nerve
64718	Release and/or relocation of ulnar nerve at elbow
64719	Release and/or relocation ulnar nerve at wrist
64721	Release and/or relocation of median nerve of hand
64727	Release of nerve requiring use of operating microscope
64742	Incision or removal of facial nerve
64772	Incision or removal of spinal nerve
64774	Removal of growth of skin nerve
64776	Removal of growth of finger or toe nerve
64782	Excision of neuroma; hand or foot except digital nerve
64783	Excision of neuroma; hand or foot, each additional nerve except digit
64787	Implantation of nerve end into bone or muscle
64788	Removal of growth of skin nerve or nerve lining
64790	Excision neurofibroma or neurolemmoma; major peripheral nerve
64792	Excision neurofibroma or neurolemmoma; extensive (including malignant type)
64795	Biopsy of nerve
64820	Removal of finger or toe sympathetic nerve
64821	Removal of sympathetic radial artery nerve
64822	Removal of sympathetic ulnar artery nerve
64831	Suture of digital nerve; 1 nerve
64832	Suture of digital nerve; each additional nerve
64834	Suture of hand or foot common sensory nerve
64835	Suture of median motor thenar nerve (hand)
64836	Suture of ulnar nerve (forearm or hand)
64857	Suture of peripheral nerve, arm or leg

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
64859	Suture of peripheral nerve
64905	Transfer of nerve to injured nerve, first stage
64910	Repair of nerve with graft
64912	Repair of nerve using nerve graft
65091	Removal of eye contents
65093	Removal of eye contents with insertion of implant
65101	Removal of eyeball
65103	Removal of eyeball with implant
65105	Removal of eyeball with implant attached to muscles
65260	Removal of foreign body from inside eye
65400	Removal of growth of cornea
65420	Excision or transportation of pterygium; without graft
65426	Excision or transportation of pterygium; with graft
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	Removal of corneal epithelium; with application of chelating agent
65450	Destruction of lesion of cornea
65710	Keratoplasty (corneal transplant) anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Transplant of outer layer of corneal tissue
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	Aspiration of blood from eye
65820	Incision to improve eye fluid flow
65850	Insertion of eye fluid drainage tube
65855	Laser repair to improve eye fluid flow, 1 or more sessions
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) separate procedure; anterior synechiae, except goniosynechiae
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) separate procedure; posterior synechiae
66020	Injection of air or liquid into eye
66130	Removal of growth of sclera
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antibiotic agents)
66180	Creation of shunt to improve eye fluid flow with graft
66183	Insertion of eye fluid drainage device
66185	Revision of eye fluid drainage shunt with graft
66250	Revision or repair of operative wound of eye
66605	Removal of iris and eyelid border to improve eye fluid flow
66630	Removal of iris to improve eye fluid flow
66682	Repair of iris and lens tissue
66710	Destruction of lens tissue using laser
66711	Destruction of tissue encircling lens using endoscope
66761	Creation of eye fluid drainage tracts in iris using laser, per session
66825	Repositioning of lens prosthesis
66840	Aspiration removal of lens material

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
66985	Insertion of lens prosthesis
66986	Exchange of lens prosthesis
66990	Examination of eye using an endoscope
66999	Anterior (front) eye procedure
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015	Aspiration or release of eye fluid between the lens and retina
67025	Injection of synthetic eye fluid
67031	Laser release of scar tissue between the lens and retina
67036	Removal of eye fluid (vitreous) between the lens and retina
67039	Vitrectomy, mechanical pars plana approach; with focal endolaser photocoagulation
67040	Vitrectomy, mechanical pars plana approach; with endolaser panretinal photocoagulation
67041	Removal of membrane from the retina
67042	Vitrectomy, mechanical pars plana approach; with removal of internal limiting membrane of retina (e.g. for repair of macular hole, diabetic macular edema) includes, if performed, intraocular tamponade (i.e. air, gas or silicone oil)
67043	Vitrectomy, mechanical pars plana approach; with removal of subretinal membrane of retina (e.g. choroid neovascularization) includes, if performed, intraocular tamponade (i.e. air, gas or silicone oil) and laser photocoagulation
67101	Repair of detached retina, 1 or more sessions; cryotherapy
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	Repair of detached retina by injection of air or gas
67113	Repair of complex RD (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction RD, retinopathy of prematurity, retinal tear of greater than 90°) with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens.
67120	Removal of implant material from outside the eye
67121	Removal of implant material from inside the eye
67141	Preventive retinal detachment treatment by heat or freezing, 1 or more sessions
67145	Preventive retinal detachment treatment by heat or laser, 1 or more sessions
67208	Destruction of retinal growth by heat or freezing, 1 or more sessions
67210	Laser destruction of retinal growth, 1 or more sessions
67218	Destruction of retinal growth with implantation of radiation source, 1 or more sessions
67221	Destruction of vascular growth between retina and sclera
67228	Laser destruction of leaking retinal blood vessels, 1 or more sessions
67255	Repair of defect of sclera with graft
67299	Procedure at back of eye
67311	Realignment of the eye with repair of one horizontal eye muscle
67312	Realignment of the eye with repair of two horizontal eye muscles

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
67314	Realignment of the eye with repair of one vertical muscle
67316	Realignment of the eye with repair of two or more vertical muscles
67318	Realignment of the eye with repair of muscle
67332	Realignment of eye having scarring or restrictive muscle movement
67335	Insertion of adjustable sutures during eye muscle surgery
67400	Exploration of cavity behind eye, frontal or transconjunctival approach
67412	Removal of growth in cavity behind eye
67414	Removal of bone from cavity behind eye
67415	Fine-needle aspiration of orbital contents
67500	Injection of medication into cavity behind eye
67505	Injection of alcohol into cavity behind eye
67515	Injection of medication or substance into membrane covering eyeball
67800	Removal of eyelid growth
67801	Removal of multiple growths of same eyelid
67805	Removal of multiple growths of different eyelids
67820	Removal of eyelashes by forceps
67840	Removal of eyelid growth
67875	Temporary closure of eyelids by suture
67880	Creation of permanent eyelid margin scarring
67882	Creation of permanent eyelid margin scarring with relocation of eyelid tissue
67930	Suture of recent wound of the eyelid involving lid margin
67935	Repair of wound of eyelid margin
67971	Reconstruction of up to two-thirds of the eyelid by transfer of opposite eyelid tissue
67973	Reconstruction of lower eyelid by transfer of eyelid tissue from opposite eyelid
67974	Reconstruction of upper eyelid by transfer of eyelid tissue from opposite eyelid
67975	Reconstruction of an eyelid by transfer of eyelid tissue from opposite eyelid
68100	Biopsy of sclera
68110	Removal of (up to 1 centimeter) growth of sclera
68115	Removal of (over 1 centimeter) growth of sclera
68130	Removal of growth of sclera
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	Reconstruction of conjunctiva
68362	Relocation of conjunctival flap
68440	Snip incision of tear-drainage opening at inner corner of the eye
68505	Partial removal of tear-producing gland
68700	Plastic repair of tear ducts
68720	Creation of drainage tract from tear sac to the nasal cavity
68760	Repair of duct opening
68761	Closure of tear duct opening using plug
68801	Dilation of tear-drainage opening
68810	Insertion of probe into the tear duct
68811	Insertion of probe into the tear duct under anesthesia
68815	Probing of nasal-tear duct with insertion of tube or stent
68840	Probing of nasal-tear duct
69110	Removal of portion of external ear
69145	Removal of soft tissue growth of ear canal
69222	Removal of skin debris and drainage of mastoid cavity
69399	External ear procedure

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
69420	Incision, aspiration, and/or inflation of eardrum
69421	Incision, aspiration, and inflation of eardrum under anesthesia
69433	Incision of eardrum with insertion of eardrum tube under local or topical anesthesia
69436	Incision of eardrum with insertion of eardrum tube under general anesthesia
69440	Middle ear exploration
69501	Incision of mastoid bone
69502	Removal of mastoid bone
69530	Removal of portion of temporal bone including removal of mastoid bone
69535	Removal of temporal bone of ear
69550	Removal of growth of external ear through ear canal
69601	Revision of previous mastoid surgery with removal of remaining mastoid bone
69604	Revision of previous mastoid surgery and ear drum
69631	Repair of eardrum and ear canal with opening to ear bones
69632	Repair of eardrum, ear canal, and bones
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))
69635	Repair of eardrum and ear canal with incision of mastoid bone
69636	Repair of eardrum, ear canal, and bones with incision of mastoid bone
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP).
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69660	Incision or removal of ear bone with insertion of prosthesis
69661	Incision or removal with drilling of ear bone
69662	Revision of previous ear bone surgery
69667	Repair of opening into cochlea
69670	Creation of flap to close mastoid cavity
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid
69717	Replacement (including removal of existing device) osseointegrated implant, skull; with percutaneous attachment to external speech processor
69719	Replacement (including removal of existing device) osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
69726	Removal entire osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial surface
69728	Removal entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and/or involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial surface
69729	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor, outside the mastoid and/or involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial surface
69930	Replacement (including removal of existing device) osseointegrated implant, skull; with percutaneous attachment to external speech processor, outside the mastoid and/or involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial surface
69955	Total facial nerve decompression and/or repair (may include graft)
69990	Microsurgical technique, requiring use of operating microscope
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material
76981	Ultrasound, elastography, parenchyma (e.g. organ)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedure (epidural or subarchnoid)
91111	Gastrointestinal tract imaging, intraluminal (e.g. capsule endoscopy) esophagus with interpretation and report
92015	Determination of refractive state
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery
92928	Catheter insertion of stents in major coronary artery or branch, accessed through the skin
92929	Catheter placement of stents in major coronary artery or branch, accessed through the skin
92933	Removal of plaque and insertion of stent in major coronary artery or branch, accessed through the skin
92937	Insertion of stent, removal of plaque, and/or balloon dilation of coronary vessel, accessed through the skin
92943	Insertion of stent, removal of plaque, and/or balloon dilation of coronary vessel, accessed through the skin
92960	External shock to heart to regulate heartbeat
92961	Internal shock to heart to regulate heartbeat
93000	Routine EKG using at least 12 leads, including interpretation and report
93005	Routine electrocardiogram (EKG) with tracing using at least 12 leads
93010	Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report
93015	Exercise or drug-induced heart and blood vessel stress test with EKG monitoring, physician supervision, interpretation, and report
93016	Exercise or drug-induced heart and blood vessel stress test with EKG monitoring and physician supervision
93017	Exercise or drug-induced heart and blood vessel stress test with EKG tracing and monitoring
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring and/or pharmacological stress; with supervision, interpretation and report
93222	Vectorcardiogram with or without ECG, interpretation and report only
93306	Echocardiography transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete with spectral Doppler echocardiography, and with color flow Doppler echocardiography



## SECTION 4: Prior Authorization Requirements

CPT Code	Description
93352	Injection of X-ray contrast material for ultrasound examination of the heart
93451	Insertion of catheter for diagnostic evaluation of right heart structures
93452	Insertion of catheter into left heart for diagnosis
93453	Insertion of catheter into right and left heart for diagnosis
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography
93456	Insertion of catheter in right heart for X-ray imaging of blood vessels or grafts
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93505	Biopsy of the wall dividing the left and right heart
93530	Insertion of catheter into right upper heart chamber for evaluation of congenital abnormalities
93531	Insertion of catheter into right and left heart chambers for evaluation of congenital abnormalities
93563	Injection for X-ray imaging of heart blood vessel defect during congenital heart catheterization
93564	Injection for X-ray imaging of heart vessel grafts during congenital heart catheterization
93565	Injection for X-ray imaging of left upper or lower heart
93566	Injection for X-ray imaging of right upper or lower heart
93567	Injection for X-ray imaging of aorta above heart valve
93568	Injection for X-ray imaging of pulmonary (lung) artery from heart
93609	Insertion of catheter for recording to identify origin of abnormal heart rhythm
93610	Insertion of temporary pacemaker electrode for diagnostic upper heart pacing
93613	Insertion of catheters for 3D mapping of electrical impulses to heart muscles
93619	Insertion of catheters for recording and pacing right upper and lower heart rhythm
93620	Insertion of catheters for recording, pacing, and attempted induction of abnormal rhythm in right upper and lower heart
93621	Insertion of catheters for recording, pacing, and attempted induction of abnormal rhythm in left upper heart
93622	Insertion of catheters for recording, pacing, and attempted induction of abnormal rhythm in left lower heart
93641	Evaluation of single- or dual-chamber pacing cardioverter-defibrillator and generator at time of implantation or replacement
93642	Evaluation of single- or dual-chamber pacing cardioverter-defibrillator with programming or reprogramming

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
93644	Evaluation of implantable defibrillator
93650	Insertion of catheters for creation of complete heart block
93653	Evaluation and insertion of catheters for creation of complete heart block
93654	Evaluation and insertion of catheters for recording, pacing, and attempted induction of abnormal heart rhythm
93655	Insertion of catheters for treatment of abnormal heart rhythm
93656	Evaluation and insertion of catheters for recording, pacing, and treatment of abnormal heart rhythm
93657	Destruction of tissue of right or left upper heart chamber via catheter for treatment of abnormal heart rhythm
93660	Evaluation of heart function using tilt table
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
95115	Injection of incremental dosages of allergen
95117	Injection of incremental dosages of allergen, 2 or more injections
95165	Preparation and provision of single or multiple antigens for allergen immunotherapy
95700	Continuous measurement of brain wave activity (EEG), administered in person by EEG technologist
95706	Measurement of brain wave activity (EEG), 2–12 hours, with intermittent monitoring and maintenance
95709	Measurement of brain wave activity (EEG), 12–26 hours, with intermittent monitoring and maintenance
95712	Measurement of brain wave activity with video (VEEG), 2–12 hours, with intermittent monitoring and maintenance
95714	Measurement of brain wave activity with video (VEEG), 12–26 hours, unmonitored
95715	Measurement of brain wave activity with video (VEEG), 12–26 hours, with intermittent monitoring and maintenance
95716	Measurement of brain wave activity with video (VEEG), 12–26 hours, with continuous, real-time monitoring and maintenance
95720	Continuous measurement of brain wave activity with video (VEEG), 12–26 hours, with health care professional analysis, interpretation and report
95721	Continuous measurement of brain wave activity (EEG), 37–60 hours, with health care professional analysis, interpretation and report
95724	Continuous measurement of brain wave activity with video (VEEG), 61–84 hours, with health care professional analysis, interpretation and report
95813	Measurement of brain wave activity (EEG) extended monitoring, 61–119 minutes
95816	Measurement and recording of brain wave (EEG) activity, awake and drowsy
95819	Measurement and recording of brain wave (EEG) activity, awake and asleep
95831	Manual muscle testing of arm, leg, or trunk
95850	Range of motion measurements and report
95851	Range of motion testing of arm, leg, or each spine section
95860	Needle measurement and recording of electrical activity of muscles of arm or leg
95861	Needle measurement and recording of electrical activity of muscles of arms or legs
95865	Needle measurement and recording of electrical activity of muscles of voice box
95868	Needle measurement and recording of electrical activity of cranial nerve-supplied muscles on both sides of body
95870	Needle measurement and recording of electrical activity of muscles in arm or leg or muscles in trunk or head, limited study
95873	Electrical stimulation for guidance with injection of chemical for destruction of muscles

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
95874	Needle measurement and recording of electrical activity of muscles for guidance with injection of chemical for destruction of muscles
95885	Needle measurement and recording of electrical activity of muscles of arm or leg, limited study
95886	Needle measurement and recording of electrical activity of muscles of arm or leg, complete study
95907	Nerve transmission studies, 1–2 studies
95908	Nerve transmission studies, 3–4 studies
95909	Nerve conduction studies; 5–6 studies
95910	Nerve transmission studies, 7–8 studies
95911	Nerve transmission studies, 9–10 studies
95912	Nerve transmission studies, 11–12 studies
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
95923	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95927	Insertion of needles and skin electrodes for measurement and recording of stimulated sites on the trunk or head
95930	Measurement and recording of nerve conduction patterns using visually-evoked stimulation
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
95940	Continuous monitoring of nervous system during operation, each 15 minutes
95941	Continuous monitoring of nervous system during operation, per hour
95943	Testing of autonomic (parasympathetic and sympathetic) nervous system function
96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention
96373	Injection into artery for therapy, diagnosis, or prevention
96374	Injection of drug or substance into a vein for therapy, diagnosis, or prevention
96375	Injection of different drug or substance into a vein for therapy, diagnosis, or prevention
96379	Injection or infusion into a vein or artery for therapy, prevention, or diagnosis
96570	Application of light using an endoscope to aid destruction of abnormal tissue, first 30 minutes
96571	Application of light using an endoscope to aid destruction of abnormal tissue
96574	Application of light and light-sensitive drugs following removal of premalignant thickened skin growth, per day
96900	Application of ultraviolet light to skin
96910	Skin application of tar and ultraviolet B or petrolatum and ultraviolet B
97597	Removal of tissue from wounds, per session
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minute
64420	Injection of anesthetic agent and/or steroid into single intercostal nerve of rib
64421	Injection of anesthetic agent and/or steroid into multiple intercostal nerves of ribs for regional nerve block
64447	Injection of anesthetic agent and/or steroid into femoral nerve of thigh
64418	Injection of anesthetic agent and/or steroid into suprascapular nerve of shoulder

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
64510	Injection of anesthetic agent, sympathetic nerve bundle
64486	Injections of local anesthetic for pain control and abdominal wall analgesia on one side
64488	Injections of local anesthetic for pain control and abdominal wall analgesia on both sides
01916	Anesthesia for diagnostic X-ray procedure on arteries or veins
64435	Injection of anesthetic agent and/or steroid into paracervical nerve of uterus
64487	Continuous infusions of local anesthetic for pain control and abdominal wall analgesia on one side
64489	Continuous infusions of local anesthetic for pain control and abdominal wall analgesia on both sides
64462	Injection of anesthetic agent, thoracic vertebra
43774	Removal of stomach reduction device and port beneath the skin using an endoscope
28292	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy, when performed; with double osteotomy, any method
69711	Removal or repair of temporal bone conduction hearing device
69718	Removal of mastoid bone with removal and replacement (accessed through the skin) of cochlear stimulating system
47562	Removal of gallbladder using an endoscope
47563	Removal of gallbladder with X-ray study of bile ducts using endoscope
47600	Removal of gallbladder
47605	Removal of gallbladder with X-ray study of bile ducts
36147	Insertion of needle and/or catheter for dialysis
36148	Insertion of needle and/or catheter into an artery-vein dialysis shunt or graft
36825	Connection of donor vein to an artery and vein for dialysis
36830	Connection of tube graft to vein and artery for dialysis
36832	Revision of dialysis graft, open procedure
36838	Repair of dialysis access in arm
36901	Insertion of needle and/or catheter into dialysis circuit, with imaging including radiological supervision and interpretation
36902	Insertion of needle and/or catheter into dialysis circuit and balloon dilation of dialysis segment, with imaging including radiological supervision and interpretation
36903	Insertion of needle and/or catheter into dialysis circuit and insertion of stent in dialysis segment, with imaging including radiological supervision and interpretation
36904	Excision of blood clot and/or infusion to dissolve blood clot in dialysis circuit and balloon dilation of dialysis segment, accessed through the skin, with imaging including radiological supervision and interpretation
36905	Excision of blood clot and/or infusion to dissolve blood clot in dialysis circuit and balloon dilation of dialysis segment, accessed through the skin, with imaging including radiological supervision and interpretation
36906	Excision of blood clot and/or infusion to dissolve blood clot and balloon dilation of dialysis segment, accessed through the skin, with imaging including radiological supervision and interpretation
36907	Balloon dilation of dialysis segment, accessed through the skin, with imaging including radiological supervision and interpretation

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
36908	Insertion of stent in dialysis segment, with imaging including radiological supervision and interpretation
36909	Permanent blockage of dialysis circuit, with imaging including radiological supervision and interpretation
65772	Incisions to cornea to correct astigmatism
65778	Insertion of amniotic membrane to eye surface
65779	Insertion of amniotic membrane to eye surface with sutures
65780	Transplantation of fetal sac tissue to cornea
58575	Removal of uterus for tumor debulking using a laparoscope
54200	Injection procedure to correct abnormally thickened penile tissue
54235	Injection procedure to induce erection
54300	Repair of curvature of penis
54360	Reconstructive surgery to correct angle penis
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of inflatable penile prosthesis
54408	Repair of components of a multi-component inflatable penile prosthesis
54410	Removal and replacement of all components of a multi-component inflatable penile prosthesis at same surgery
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable or inflatable penile prosthesis
54416	Removal and replacement of non-inflatable penile prosthesis
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
29884	Repair of knee joint and removal of scar tissue using an endoscope
29885	Repair of knee joint with bone graft using an endoscope
29887	Repair of knee joint with bone graft and hardware using an endoscope
29888	Repair of anterior cruciate ligament of knee with assistance of an endoscope
27412	Implantation of patient's knee cartilage into knee joint
27415	Implantation of donor cartilage cells into knee bone, open procedure
27442	Repair of knee joint
27488	Removal of total knee joint prosthesis
27570	Alignment of knee joint under anesthesia
29873	Release of ligaments at outer aspect of knee joint using an endoscope
29874	Removal of loose or foreign body of knee joint using an endoscope
27438	Repair of kneecap with insertion of prosthesis
49505	Repair of groin hernia patient age 5 years or older
49507	Repair of trapped groin hernia patient age 5 years or older
49520	Repair recurrent inguinal hernia, any age, reducible
49521	Repair recurrent inguinal hernia, any age, incarcerated or strangulated
49525	Repositioning of sliding groin hernia
49550	Repositioning of groin hernia
49650	Repair of groin hernia using an endoscope
49651	Repositioning of recurrent groin hernia using an endoscope
49659	Hernia repair procedure using an endoscope

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
27137	Revision of hip joint prosthesis
27091	Removal of hip prosthesis
27122	Repair of hip socket with removal of head of thigh bone
27125	Partial replacement of thigh bone at hip joint with prosthesis
27138	Revision of thigh bone prosthesis
29914	Reconstruction of hip socket and repair of thigh bone using an endoscope
29915	Reconstruction of hip socket using an endoscope
29916	Removal and shaving of hip joint socket cartilage using an endoscope
29863	Removal of hip joint lining using an endoscope
96920	Laser treatment (total area less than 250 sq centimeters) for inflammatory skin disease
96921	Laser treatment (250 to 500 sq centimeters) for inflammatory skin disease
96922	Laser treatment (over 500 sq centimeters) for inflammatory skin disease
15572	Formation of direct or tubed pedicle, with or without transfer, scalp, arms or legs
15573	Creation of flap graft to scalp, arms, or legs
15574	Creation of flap graft to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet
15576	Creation of flap graft to eyelids, nose, ears, lips, or mouth
15769	Grafting of patient soft tissue, harvested by direct excision
15770	Creation of skin, fat and muscle graft
15771	Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and/or legs; 50 cubic centimeters or less
15772	Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and/or legs; additional 50 cubic centimeters or less
11042	Removal of skin and tissue, first 20 sq cm or less
11043	Removal of skin and/or muscle, first 20 sq cm or less
11044	Removal of skin and bone, first 20 sq cm or less
11045	Removal of skin and tissue
11046	Removal of skin and/or muscle
11047	Removal of skin and bone
11055	Removal of single thickened skin growth
11056	Removal of 2 to 4 thickened skin growths
11200	Removal of up to and including 15 skin tags
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Removal of growth (0.5 centimeters or less) of the scalp, neck, hands, feet, or genitals
11421	Removal of growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet, or genitals
11422	Removal of growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet, or genitals
11423	Removal of growth (2.1 to 3.0 centimeters) of the scalp, neck, hands, feet, or genitals
11424	Removal of growth (3.1 to 4.0 centimeters) of the scalp, neck, hands, feet, or genitals
11426	Removal of growth (over 4.0 centimeters) of the scalp, neck, hands, feet, or genitals



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CPT Code	Description
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	Removal of skin and tissue beneath the skin of groin for excessive sweating
21930	Removal (less than 3 centimeters) tissue growth beneath the skin of back or flank
21931	Removal (3 centimeters or greater) tissue growth beneath the skin of back or flank
21933	Removal (5 centimeters or greater) muscle growth of back or flank
21935	Removal (less than 5 centimeters) tissue growth of back or flank
11201	Removal of skin tags
11440	Removal of growth (0.5 centimeters or less) of the face, ears, eyelids, nose, lips, or mouth
11441	Removal of growth (0.6 to 1.0 centimeters) of the face, ears, eyelids, nose, lips, or mouth
11442	Removal of growth (1.1 to 2.0 centimeters) of the face, ears, eyelids, nose, lips, or mouth
11443	Removal of growth (2.1 to 3.0 centimeters) of face, ears, eyelids, nose, lips, or mouth
11444	Removal (3.1 to 4.0 centimeters) growth of face, ears, eyelids, nose, lips, or mouth
11446	Removal (over 4.0 centimeters) growth of the face, ears, eyelids, nose, lips, or mouth
11463	Removal of skin and tissue beneath the skin of groin for excessive sweating
62264	Injection or mechanical removal of spinal canal scar tissue, percutaneous procedure, accessed through the skin, multiple sessions in 1 day
22850	Removal of posterior, non-segmental instrumentation (e.g. Harrington rod)
22852	Removal of posterior, segmental instrumentation
22855	Removal of anterior spinal instrumentation
22859	Insertion of device into gap left by removal of part of vertebra (mesh cage)
22862	Revision of artificial lower spine disc
22867	Insertion of stabilizing or separating device into lower spine at single level with open decompression
22869	Insertion of stabilizing or separating device into lower spine at single level
22870	Insertion of stabilizing or separating device into lower spine at second level
62326	Insertion of indwelling catheter and administration of substance into spinal canal of lower back, no imaging guidance
62327	Insertion of indwelling catheter and administration of substance into spinal canal of lower back lower back using imaging guidance
62350	Implantation, revision, or repositioning of spinal canal medication catheter
62351	Implantation, revision, or repositioning of catheter in spinal canal for medication administration
62355	Removal of implanted catheter in spinal canal
62360	Implantation or replacement of spinal canal drug infusion device beneath skin
62361	Implantation or replacement of spinal canal drug infusion pump
62365	Removal of spinal canal drug infusion pump or device, accessed beneath the skin
63055	Release of middle spinal cord and/or nerves
29828	Release of shoulder biceps tendon using an endoscope
29825	Release or removal of shoulder scar tissue using an endoscope
29806	Incision of shoulder joint capsule using an endoscope
29821	Removal of entire shoulder joint lining using an endoscope
29820	Partial removal of shoulder joint lining using an endoscope
23474	Revision of total shoulder repair
23470	Prosthetic repair of shoulder joint
29807	Repair of shoulder socket cartilage using an endoscope
29819	Removal of loose or foreign body of shoulder using an endoscope
23473	Revision of total shoulder repair
23412	Repair of torn tendons of shoulder, open procedure
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus,

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
	periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (list separately in addition to primary procedure)
63660	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
63661	Removal or revision of spinal neurostimulator electrodes, accessed through the skin
63662	Removal of spinal neurostimulator electrodes
63688	Removal or revision of neurostimulator pulse generator or receiver
64555	Implantation of peripheral nerve neurostimulator electrodes, accessed through the skin
64570	Removal of cranial nerve neurostimulator electrodes
64575	Incision to implant peripheral nerve neurostimulator electrodes
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	Each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)
52450	Incision of prostate through bladder canal (urethra)
52649	Laser fragmentation of prostate tissue with control of bleeding using an endoscope
30140	Removal of nasal air passage
31267	Removal of nasal sinus tissue using an endoscope
31256	Incision of nasal sinus using an endoscope
31254	Partial removal of nasal sinus using an endoscope
31255	Complete removal of nasal sinus using an endoscope
31276	Exploration of nasal sinus using an endoscope
31257	Complete examination of nose and sinuses and removal of nasal sinus using an endoscope
31259	Removal of tissue from sphenoid sinus using an endoscope
31288	Removal of nasal sinus tissue using an endoscope
30130	Removal of nasal air passage
31287	Incision of nasal sinus using an endoscope
31253	Complete examination of nose and sinuses using an endoscope
31240	Removal of nasal breathing passages using an endoscope
31295	Dilation of opening from sinus above teeth (maxillary sinus) into cavity of nose using endoscope
31296	Dilation of opening from sinus in forehead (frontal sinus) into cavity of nose using endoscope
31297	Dilation of opening from sinus behind eye (sphenoid sinus) into cavity of nose using endoscope
31298	Dilation of opening from sinuses in forehead and behind eye (frontal and sphenoid sinus) in, to cavity of nose using endoscope
66821	Removal of recurring cataract in lens capsule using laser
66850	Fragmenting, aspiration, and removal of lens material
66983	Removal of cataract with insertion of lens
66987	Complex removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye
66988	Removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
66820	Removal of recurring cataract in lens capsule
66852	Removal of lens material
66940	Removal of lens material and portion of lens capsule
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure) manual or mechanical technique, with insertion of intraocular anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
95810	Sleep monitoring of patient (6 years or older) in sleep lab
95811	Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube
95805	Diagnostic test for sleep disorder
95806	Unattended sleep study with recording of heart rate, oxygen, respiratory airflow, and effort
95807	Sleep study attended by a technician
95800	Study of sleep patterns
95808	Sleep monitoring of patient in sleep lab
37221	Insertion of stents in artery in one side of groin, endovascular, accessed through the skin or open procedure
37226	Insertion of stents into arteries in one leg, endovascular, accessed through the skin or open procedure
37227	Removal of plaque and insertion of stents into arteries in one leg, endovascular, accessed through the skin or open procedure
37220	Balloon dilation of artery in one side of groin, endovascular, accessed through the skin or open procedure
37229	Removal of plaque in artery in one leg, endovascular, accessed through the skin or open procedure
37224	Balloon dilation of arteries in one leg, endovascular, accessed through the skin or open procedure
37225	Removal of plaque in arteries in one leg, endovascular, accessed through the skin or open procedure
37228	Balloon dilation of artery of one leg, endovascular, accessed through the skin or open procedure
37230	Insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure
37223	Insertion of stents into groin artery, endovascular, accessed through the skin or open procedure
37234	Insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure
37222	Balloon dilation of groin artery, endovascular, open, or percutaneous approach
37231	Removal of plaque and insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure
37235	Removal of plaque and insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure
37233	Removal of plaque in artery in one leg, endovascular, accessed through the skin or open procedure
37232	Balloon dilation of artery in one leg, endovascular, accessed through the skin or open procedure
01922	Anesthesia for X-ray or radiation therapy
14040	Tissue transfer repair of wound (10.0 sq centimeters or less) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
14041	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
15730	Creation of flap graft to midface
15731	Creation of flap graft to nose, forehead, temple, or scalp
15733	Creation of flap graft to head and/or neck
15734	Muscle flap wound repair at trunk
15736	Muscle flap wound repair of arm
15738	Muscle flap wound repair of leg
15740	Creation of skin and tissue graft
15750	Creation of nerve and blood vessel skin graft

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
15757	Free skin graft with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15773	Grafting of patient fat, harvested by liposuction, to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	Grafting of patient fat, harvested by liposuction, to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc or less injectate
15777	Implantation of biologic implant to soft tissue
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery
20931	Donor bone graft for spine surgery
21070	Removal of diseased or fractured portion of lower jawbone
21073	Manipulation of hinged joints of upper and lower jawbones under anesthesia
21079	Impression and custom preparation of temporary oral prosthesis
21085	Impression and custom preparation of oral surgical splint
21122	Insertion of sliding bone grafts to enlarge chin bone
21141	Reconstruction of midface bones
21145	Reconstruction of midface bones with bone graft
21188	Repair of bony defect of midface through scalp, eyelid, and oral incisions with bone graft
21196	Reconstruction of jawbones with insertion of hardware
21208	Incision and repair of bony defect of cheek bone with repositioning of bony segment
21210	Repair of nasal or cheek bone with bone graft
21215	Repair of lower jawbone with bone graft
21230	Harvest of rib cartilage for grafting
21244	Reconstruction of lower jawbone with insertion of bone plate
21249	Reconstruction of lower jaw or cheek bone with insertion of implant
26215	Removal or scraping of finger bone cyst or growth with bone graft
26705	Closed treatment of dislocated hand joint with manipulation under anesthesia
27000	Incision of hip tendon, accessed through the skin
27601	Incision of tissue of rear muscle compartments of lower leg
29871	Irrigation and drainage of knee joint for infection using an endoscope
31587	Repair of split in the voice box cartilage
41100	Biopsy of tongue
43239	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope
45112	Removal of rectum, open abdominal and rectal procedure
45136	Removal of small bowel pouch with creation of small bowel opening
45381	Injections of large bowel using an endoscope
51785	Needle measurement and recording of electrical activity of muscles at bladder and bowel openings
58660	Removal of scar tissue of ovaries or uterine tubes using an endoscope
61120	Injection into ventricle of brain
61584	Removal of facial bone to approach brain lesion
64704	Release of nerve of hand or foot
64708	Release of nerve of arm or leg, open procedure
64722	Release of unspecified nerve
64886	Placement of (more than 4 centimeters in length) head or neck nerve graft
93224	Heart rhythm tracing, analysis, and interpretation of 48-hour EKG
93225	Heart rhythm tracing of 48-hour EKG
93226	Heart rhythm analysis, interpretation, and report of 48-hour EKG
93227	Heart rhythm tracing, analysis, and interpretation of 48-hour EKG
93242	Heart rhythm recording, continuous external EKG over more than 48 hours up to 7 days
93243	Heart rhythm analysis and report of continuous external EKG over more than 48 hours up to 7 days

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
93246	Heart rhythm recording of continuous external EKG over 8–15 days
93247	Heart rhythm analysis and report of continuous external EKG over 8–15 days
93248	Heart rhythm review and interpretation of continuous external EKG over 8–15 days
93268	Heart rhythm symptom-related tracing and interpretation of 24-hour EKG monitoring up to 30 days
93270	Heart rhythm symptom-related tracing of 24-hour EKG monitoring up to 30 days
93271	Heart rhythm symptom-related transmission and analysis of 24-hour EKG monitoring up to 30 days
93272	Heart rhythm symptom-related interpretation of 24-hour EKG monitoring up to 30 days
95937	Testing with stimulation for assessment of function at muscle-nerve junction
96420	Injection of chemotherapy using push technique into an artery
96523	Irrigation of implanted venous access drug delivery device
97598	Removal of tissue from wounds per session
28760	Fusion of great toe
32150	Removal of foreign body or clot protein deposit in lung lining
32555	Removal of fluid from chest cavity with imaging guidance
40650	Repair of lip and border
62294	Injection of drug into an artery to occlude arteriovenous malformation of spinal cord
92133	Diagnostic imaging of optic nerve of eye
92273	Full field recording of retinal electrical responses to external stimuli with interpretation and report
93583	Therapy for reduction of lower heart chamber defect via catheter accessed through the skin
95250	Ambulatory continuous glucose (sugar) monitoring for a minimum of 72 hours
96401	Non-hormonal anti-neoplastic chemotherapy beneath the skin or into muscle
96402	Hormonal anti-neoplastic chemotherapy administration beneath the skin or into muscle
96413	Infusion of chemotherapy into a vein up to 1 hour
96415	Infusion of chemotherapy into a vein
96416	Prolonged chemotherapy infusion into a vein by portable or implanted pump more than 8 hours
96450	Chemotherapy administration into spinal canal requiring spinal tap
A9587	Gallium Ga-68 dotatate, diagnostic, 0.1 mCi
B4185	Parental nutrition solution, not otherwise specified, 10 g lipids
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise, per session
J1642	Injection, heparin sodium, (heparin lock flush) per 10 units
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)
S9472	Cardiac rehabilitation program, nonphysician provider, per diem
V2785	Processing, preserving and transporting corneal tissue
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)

## SECTION 4: Prior Authorization Requirements

CPT Code	Description
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
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), followed by contrast material(s) and further sequences
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
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), followed by with contrast material(s) and further sequences
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography



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CPT Code	Description
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
93701	Bioimpedance-derived physiologic cardiovascular analysis
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93720	Deleted 2012
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93740	Temperature gradient studies

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CPT Code	Description
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report
93770	Determination of venous pressure
93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only
93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report
93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

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CPT Code	Description
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
75710	Angiography, extremity, unilateral, radiological supervision and interpretation
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of nonradioactive dye when performed
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
93668	Peripheral arterial disease (PAD) rehabilitation, per session
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

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CPT Code	Description
78813	Positron emission tomography (PET) imaging; whole body
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study)
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9500-A9607	Radiopharmaceuticals