

MEMORIAL HERMANN HEALTH PLAN'S PRIOR AUTHORIZATION GRID
 THE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE
 ON JANUARY 1, 2022 FOR BOTH COMMERCIAL & MEDICARE ADVANTAGE MEMBERS

TO LOCATE IF YOUR PROCEDURE REQUIRES PRIOR AUTHORIZATION PLEASE PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

IMPORTANT MESSAGE: The presence of codes on this list does not necessarily indicate coverage under the member benefit plan. Please contact Customer Service for questions regarding benefits or eligibility at (855) 645-8448. Prior authorization does not guarantee payment. Authorization and claim determinations will be made in writing following receipt, review, and verification of clinical information, benefits, and eligibility.

***All Elective Inpatient Admissions require Prior Authorization *All Out of Network Non Emergent Observation Stays Require Prior Authorization* DME Greater Than \$500* Injectable Drugs Greater Than \$1000**

Procedure Category	Procedure Code (HCPC/CPT)	Procedure Description	Commercial Plan -Auth Required (Y/N)	Medicare Advantage Plan -Auth Required (Y/N)	Effective Date	Medical Guideline
Surgical Procedure	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Radiation Therapy	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Radiation Therapy	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Radiation Therapy	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Radiation Therapy	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Radiation Therapy	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81370	HLA I & II TYPING LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81371	HLA I & II TYPE VERIFY LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81372	HLA I TYPING COMPLETE LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81373	HLA I TYPING 1 LOCUS LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81374	HLA I TYPING 1 ANTIGEN LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81375	HLA II TYPING AG EQUIV LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81376	HLA II TYPING 1 LOCUS LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81377	HLA II TYPE 1 AG EQUIV LR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81378	HLA I & II TYPING HR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81379	HLA I TYPING COMPLETE HR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81380	HLA I TYPING 1 LOCUS HR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81381	HLA I TYPING 1 ALLELE HR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81382	HLA II TYPING 1 LOC HR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81383	HLA II TYPING 1 ALLELE HR	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Imaging	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0219T	Placement of a posterior intrafacial implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0220T	Placement of a posterior intrafacial implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0222T	Placement of a posterior intrafacial implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0234U	MCP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0468T	Removal of chest wall respiratory sensor electrode or electrode array	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	14350	Filleted finger or toe flap, including preparation of recipient site	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15570	Formation of direct or tubed pedicle, with or without transfer; trunk	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15934	Excision, sacral pressure ulcer, with skin flap closure;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15944	Excision, ischial pressure ulcer, with skin flap closure;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15946	Excision, ischial pressure ulcer, with osteotomy, in preparation for muscle or myocutaneous flap or skin graft closure	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	15952	Excision, trochanteric pressure ulcer, with skin flap closure;	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Surgical Procedure	15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20955	Bone graft with microvascular anastomosis; fibula	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20956	Bone graft with microvascular anastomosis; iliac crest	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20957	Bone graft with microvascular anastomosis; metatarsal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21076	Impression and custom preparation; surgical obturator prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21077	Impression and custom preparation; orbital prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21079	Impression and custom preparation; interim obturator prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21080	Impression and custom preparation; definitive obturator prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21081	Impression and custom preparation; mandibular resection prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21082	Impression and custom preparation; palatal augmentation prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection,	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection,	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection,	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22830	Exploration of spinal fusion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22849	Reinsertion of spinal fixation device	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23120	Claviculectomy; partial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23415	Coracoacromial ligament release, with or without acromioplasty	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnusson type operation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23460	Capsulorrhaphy, anterior, any type; with bone block	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23530	Open treatment of sternoclavicular dislocation, acute or chronic;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23550	Open treatment of acromioclavicular dislocation, acute or chronic;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23660	Open treatment of acute shoulder dislocation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24130	Excision, radial head	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24305	Tendon lengthening, upper arm or elbow, each tendon	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24310	Tenotomy, open, elbow to shoulder, each tendon	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Surgical Procedure	24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24343	Repair lateral collateral ligament, elbow, with local tissue	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24345	Repair medial collateral ligament, elbow, with local tissue	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24360	Arthroplasty, elbow; with membrane (eg, fascial)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24365	Arthroplasty, radial head;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24366	Arthroplasty, radial head; with implant	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24615	Open treatment of acute or chronic elbow dislocation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)), includes internal fixation, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25105	Arthrotomy, wrist joint; with synovectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25250	Removal of wrist prosthesis; (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25251	Removal of wrist prosthesis; complicated, including total wrist	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25441	Arthroplasty with prosthetic replacement; distal radius	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25442	Arthroplasty with prosthetic replacement; distal ulna	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25444	Arthroplasty with prosthetic replacement; lunate	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25445	Arthroplasty with prosthetic replacement; trapezium	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25449	Revision of arthroplasty, including removal of implant, wrist joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25500	Closed treatment of radial shaft fracture; without manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25505	Closed treatment of radial shaft fracture; with manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25530	Closed treatment of ulnar shaft fracture; without manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25651	Percutaneous skeletal fixation of ulnar styloid fracture	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25652	Open treatment of ulnar styloid fracture	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25671	Percutaneous skeletal fixation of distal radioulnar dislocation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25675	Closed treatment of distal radioulnar dislocation with manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25676	Open treatment of distal radioulnar dislocation, acute or chronic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	25695	Open treatment of lunate dislocation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	26530	Arthroplasty, metacarpophalangeal joint; each joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	26535	Arthroplasty, interphalangeal joint; each joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27030	Arthrotomy, hip, with drainage (eg, infection)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27052	Arthrotomy, with biopsy; hip joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27054	Arthrotomy with synovectomy, hip joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27202	Open treatment of coccygeal fracture	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27253	Open treatment of hip dislocation, traumatic, without internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27284	Arthrodesis, hip joint (including obtaining graft);	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27330	Arthrotomy, knee; with synovial biopsy only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27380	Suture of infrapatellar tendon; primary	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27385	Suture of quadriceps or hamstring muscle rupture; primary	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27415	Osteochondral allograft, knee, open	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27425	Lateral retinacular release, open	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Surgical Procedure	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27430	Quadricepsplasty (eg, Bennett or Thompson type)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27435	Capsulotomy, posterior capsular release, knee	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27437	Arthroplasty, patella; without prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27438	Arthroplasty, patella; with prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27440	Arthroplasty, knee, tibial plateau;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27580	Arthrodesis, knee, any technique	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27625	Arthrotomy, with synovectomy, ankle;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27695	Repair, primary, disrupted ligament, ankle; collateral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27702	Arthroplasty, ankle; with implant (total ankle)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27722	Repair of nonunion or malunion, tibia; with sliding graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	27870	Arthrodesis, ankle, open	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28288	Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28300	Osteotomy, calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28715	Arthrodesis; triple	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28750	Arthrodesis, great toe; metatarsophalangeal joint	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29804	Arthroscopy, temporomandibular joint, surgical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29835	Arthroscopy, elbow, surgical; synovectomy, partial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29836	Arthroscopy, elbow, surgical; synovectomy, complete	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29837	Arthroscopy, elbow, surgical; debridement, limited	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29838	Arthroscopy, elbow, surgical; debridement, extensive	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29844	Arthroscopy, wrist, surgical; synovectomy, partial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29845	Arthroscopy, wrist, surgical; synovectomy, complete	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29863	Arthroscopy, hip, surgical; with synovectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29873	Arthroscopy, knee, surgical; with lateral release	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29905	Arthroscopy, subtalar joint, surgical; with synovectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29906	Arthroscopy, subtalar joint, surgical; with debridement	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	29916	Arthroscopy, hip, surgical; with labral repair	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Surgical Procedure	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31020	Sinusotomy, maxillary (antrotomy); intranasal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31070	Sinusotomy frontal; external, simple (trephine operation)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31200	Ethmoidectomy; intranasal, anterior	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31201	Ethmoidectomy; intranasal, total	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31205	Ethmoidectomy; extranasal, total	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31225	Maxillectomy; without orbital exenteration	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31230	Maxillectomy; with orbital exenteration (en bloc)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31256	Nasal/sinus endoscopy, surgical, with maxillary anastomy;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31267	Nasal/sinus endoscopy, surgical, with maxillary anastomy; with removal of tissue from maxillary sinus	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31513	Laryngoscopy, indirect; with vocal cord injection	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevration agent or corticosteroid, injected	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	32664	Thoracoscopy, surgical; with thoracic sympathectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33212	Insertion of pacemaker pulse generator only; with existing single lead	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33213	Insertion of pacemaker pulse generator only; with existing dual leads	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33223	Relocation of skin pocket for implantable defibrillator	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33241	Removal of implantable defibrillator pulse generator only	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33271	Insertion of subcutaneous implantable defibrillator electrode	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33272	Removal of subcutaneous implantable defibrillator electrode	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33412	Replacement, aortic valve; with transcatheter aortic annulus enlargement (Konno procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33420	Valvotomy, mitral valve; closed heart	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33430	Replacement, mitral valve, with cardiopulmonary bypass	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	33670	Repair of complete atrioventricular canal, with or without prosthetic valve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36261	Revision of implanted intra-arterial infusion pump	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36262	Removal of implanted intra-arterial infusion pump	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36522	Photopheresis, extracorporeal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Surgical Procedure	41512	Tongue base suspension, permanent suture technique	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42820	Tonsillectomy and adenoidectomy; younger than age 12	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42821	Tonsillectomy and adenoidectomy; age 12 or over	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42825	Tonsillectomy, primary or secondary; younger than age 12	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42826	Tonsillectomy, primary or secondary; age 12 or over	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42830	Adenoidectomy, primary; younger than age 12	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42831	Adenoidectomy, primary; age 12 or over	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42835	Adenoidectomy, secondary; younger than age 12	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42836	Adenoidectomy, secondary; age 12 or over	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	42870	Excision or destruction lingual tonsil, any method (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43325	Removal of esophageal sphincter augmentation device	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43327	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43328	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	46505	Chemodenuation of internal anal sphincter	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	49906	Free omental flap with microvascular anastomosis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	51840	Anterior vesicourethropy, or urethropey (eg, Marshall-Marchetti-Krantz, Burch); simple	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	51841	Anterior vesicourethropy, or urethropey (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	51990	Laparoscopy, surgical; urethral suspension for stress incontinence	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	52287	Cystourethroscopy, with injection(s) for chemodenuation of the bladder	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johansson type)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	57288	Sling operation for stress incontinence (eg, fascia or synthetic)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	57289	Pereyra procedure, including anterior colporrhaphy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61880	Revision or removal of intracranial neurostimulator electrodes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63045	Laminotomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63046	Laminotomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63047	Laminotomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63048	Laminotomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Surgical Procedure	64455	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64580	Incision for implantation of neurostimulator electrode array; neuromuscular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64585	Revision or removal of peripheral neurostimulator electrode array	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65760	Keratomeleusis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65765	Keratophakia	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65767	Epikeratoplasty	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65770	Keratoprosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65771	Radial keratotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65772	Corneal relaxing incision for correction of surgically induced astigmatism	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65775	Corneal wedge resection for correction of surgically induced astigmatism	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueousParacentesis of anterior chamber	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65820	Goniotomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65850	Trabeculectomy ab externo	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65855	Trabeculectomy by laser surgery	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65860	Severing adhesions of anterior segment, laser technique (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66840	Removal of lens material; aspiration technique, 1 or more stages	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66850	Removal of lens material; phacoemulsification technique (mechanical or ultrasonic) (eg, phacoemulsification), with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66852	Removal of lens material; pars plana approach, with or without vitrectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66920	Removal of lens material; intracapsular	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66930	Removal of lens material; intracapsular, for dislocated lens	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67028	Intravitreal injection of a pharmacologic agent (separate procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67030	Discission of vitreous strands (without removal), pars plana approach	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67036	Vitrectomy, mechanical, pars plana approach;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization),	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure),	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	67345	Chemodenuation of extraocular muscle	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77469	Intraoperative radiation treatment management	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77520	Proton treatment delivery; simple, without compensation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77522	Proton treatment delivery; simple, with compensation	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77523	Proton treatment delivery; intermediate	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77525	Proton treatment delivery; complex	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77620	Hyperthermia generated by intracavitary probe(s)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping),	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	83950	Oncoprotein; HER-2/neu	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86001	Allergen specific IgG quantitative or semiquantitative, each allergen	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86005	Allergen specific IgE; qualitative, multi-allergen screen (eg, disk, sponge, card)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86160	Complement; antigen, each component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86161	Complement; functional activity, each component	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86162	Complement; total hemolytic (CH50)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86332	Immune complex assay	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	86485	Skin test; candida	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Molecular Diagnostics	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Medical Procedure	92273	Electroretinography (ERG), with interpretation and report; full field (ie, fFERG, flash ERG, Ganzfeld ERG)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	92986	Percutaneous balloon valvuloplasty; aortic valve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92987	Percutaneous balloon valvuloplasty; mitral valve	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93561	Indicator dilution studies such as dye or thermolysis, including arterial and/or venous catheterization; with cardiac	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93562	Indicator dilution studies such as dye or thermolysis, including arterial and/or venous catheterization; subsequent	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93600	Bundle of His recording	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93701	Bioimpedance-derived physiologic cardiovascular analysis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95044	Patch or application test(s) (specify number of tests)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95052	Photo patch test(s) (specify number of tests)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95056	Photo tests	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95060	Ophthalmic mucous membrane tests	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95065	Direct nasal mucous membrane test	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Sleep Study	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Sleep Study	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Non Emergency Transportation	A0434	Specialty care transport (SCT)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	A4290	Sacral nerve stimulation test lead, each	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Durable Medical Equipment	B4100	Food thickener, administered orally, per oz	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1715	Brachytherapy needle	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1722	Cardioverter-defibrillator, single chamber (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1776	Joint device (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1785	Pacemaker, dual chamber, rate-responsive (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1786	Pacemaker, single chamber, rate-responsive (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1787	Patient programmer, neurostimulator	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1817	Septal defect implant system, intracardiac	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1821	Interspinous process distraction device (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C1840	Lens, intraocular (telescopic)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C2614	Probe, percutaneous lumbar discectomy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed;	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0166	External counterpulsation, per treatment session	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g.,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0451	Development testing, with interpretation and report, per standardized instrument form	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Y	Y	Authorization Required Effective 1/1/2021	Interqual

Medical Procedure	G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Specialty Rx Non-Oncology	J0475	Injection, baclofen, 10 mg	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Specialty Rx Non-Oncology	J3396	Injection, verteporfin, 0.1 mg	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Specialty Rx Non-Oncology	J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Specialty Rx Non-Oncology	J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	M0075	Cellular therapy	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4101	Apligraf, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4102	Oasis wound matrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4103	Oasis burn matrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4106	Dermagraft, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4107	GRAFTJACKET, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4108	Integra matrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4110	PriMatrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4111	GammaGraft, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4115	AlloSkin, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4117	HYALOMATRIX, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4118	MatrisStem micromatrix, 1 mg	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4121	TheraSkin, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4123	AlloSkin RT, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4127	Talymed, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4132	Grafix Core and GrafixPL Core, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4134	HMatrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4135	Mediskin, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4136	E-Z Derm, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4140	BioDFence, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4141	AlloSkin AC, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4145	EpiFix, injectable, 1 mg	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4146	Tensix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4151	AmnioBand or Guardian, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4152	DermaPure, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4153	Dermavest and Plurivest, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4154	Biovance, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4156	Neox 100 or Clarix 100, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4157	Revitalon, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4158	Kerecis Omega3, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4159	Affinity, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4160	Nushield, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4166	Cytal, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4169	Artacent wound, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4170	Cygnus, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4173	PalinGen or PalinGen XPlus, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4174	PalinGen or ProMatrx, 0.36 mg per 0.25 cc	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4175	Miroderm, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4176	Neopatch or therion, per square centimeter	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4177	FlowerAmnioFlo, 0.1 cc	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4178	FlowerAmnioPatch, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4206	Fluid Flow or Fluid GF, 1 cc	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4237	Cryo-Cord, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4238	Derm-Maxx, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S0800	Laser in situ keratomileusis (LASIK)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S0810	Photorefractive keratectomy (PRK)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S0812	Phototherapeutic keratectomy (PTK)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap,	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	S9090	Vertebral axial decompression, per session	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Durable Medical Equipment	V5095	Semi-implantable middle ear hearing prosthesis	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of pa	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of pa	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Surgical Procedure	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	REVO762	Observation hours are reported with the number of hours spent in observation care furnished by a hospital on the hospital's premises. Observation care includes the use of a bed and periodic monitoring by a hospital's nursing staff, which	Y	Y	Effective 9/1/2021: (ALL Lines of Business) Non-Emergent Observation Stay requires	Interqual
Medical Procedure	01999	Unlisted anesthesia procedure(s)	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Surgical Procedure	11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	11920	TATTOOING INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11921	TATTOOING INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11922	TATTOOING INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG COLLAGEN); 1 CC OR LESS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG COLLAGEN); 1.1 TO 5.0 CC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG COLLAGEN); 5.1 TO 10.0 CC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG COLLAGEN); OVER 10.0 CC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST INCLUD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT TRUNK; DEFECT 10 SQ CM OR LESS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT SCALP ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT SCALP ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT EYELIDS NOSE EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT EYELIDS NOSE EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, DEFECT 30.1 SQ CM TO 60.0 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	14302	EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ C	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15050	PINCH GRAFT SINGLE OR MULTIPLE TO COVER SMALL ULCER TIP OF D	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15100	SPLIT GRAFT TRUNK SCALP ARMS LEGS HANDS AND/OR FEET (EXCEPT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15101	SPLIT GRAFT TRUNK SCALP ARMS LEGS HANDS AND/OR FEET (EXCEPT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15120	SPLIT GRAFT FACE EYELIDS MOUTH NECK EARS ORBITS GENITALIA AN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15121	SPLIT GRAFT FACE EYELIDS MOUTH NECK EARS ORBITS GENITALIA AN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, O	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, O	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15200	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15201	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15220	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE SCALP ARMS AND/OR LEGS; 20 SQ CM OR LESS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15221	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE SCALP ARMS AND/OR LEGS; EACH ADDITIONAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15240	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15241	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR	Y	Y	Authorization is Required for both	Interqual

Surgical Procedure	15260	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15261	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15272	SKIN SUB GRAFT T/A/L ADD-ON	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15274	SKN SUB GRFT T/A/L CHILD ADD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15276	SKIN SUB GRAFT F/N/HF/G ADDL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15277	SKN SUB GRFT F/N/HF/G CHILD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15278	SKN SUB GRFT F/N/HF/G CH ADD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15625	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15650	TRANSFER INTERMEDIATE OF ANY PEDICLE FLAP (EG ABDOMEN TO WRI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	15740	FLAP; ISLAND PEDICLE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15745	GRAFT; MYOCUTANEOUS FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15750	FLAP; NEUROVASCULAR PEDICLE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15755	FREE FLAP (MICROVASCULAR TRANSFER)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15756	FREE MUSCLE FLAP WITH OR WITHOUT SKIN WITH MICROVASCULAR ANA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15760	GRAFT; COMPOSITE (EG FULL THICKNESS OF EXTERNAL EAR OR NASAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15770	GRAFT; DERMA-FAT-FASCIA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands,	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands,	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15777	ACELLULAR DERM MATRIX IMPLT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15780	DERMABRASION; TOTAL FACE (EG FOR ACNE SCARRING FINE WRINKLING RHYTIDS GENERAL KERATOSIS)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15781	DERMABRASION; SEGMENTAL FACE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15782	DERMABRASION; REGIONAL OTHER THAN FACE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15783	DERMABRASION; SUPERFICIAL ANY SITE (EG TATTOO REMOVAL)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15786	ABRASION LESION SINGLE	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15787	ABRASION LESIONS ADD-ON	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15788	CHEMICAL PEEL FACIAL; EPIDERMAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15789	CHEMICAL PEEL FACIAL; DERMAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15792	CHEMICAL PEEL NONFACIAL; EPIDERMAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15793	CHEMICAL PEEL NONFACIAL; DERMAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15819	CERVICOPLASTY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15820	BLEPHAROPLASTY LOWER EYELID;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15821	BLEPHAROPLASTY LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15822	BLEPHAROPLASTY UPPER EYELID;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15823	BLEPHAROPLASTY UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15824	RHYTIDECTOMY; FOREHEAD	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP 'P-FLAP')	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15828	RHYTIDECTOMY; CHEEK CHIN AND NECK	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15829	REMOVAL OF SKIN WRINKLES	Y	Y	Authorization Required Effective 3/1/2020	Interqual
Surgical Procedure	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15832	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15833	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15834	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15835	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15836	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15837	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15838	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15839	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Y	Y	Requires Authorization for both	Interqual
Surgical Procedure	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Y	Y	Requires Authorization for both	Interqual
Surgical Procedure	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	Y	Y	Requires Authorization for both	Interqual
Surgical Procedure	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Y	Y	Requires Authorization for both	Interqual
Surgical Procedure	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Y	Y	No authorization is required for charges	Interqual
Surgical Procedure	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); LESS THAN 10 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); 10.0 - 50.0 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); OVER 50.0 SQ CM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other	N	N	Effective 1/1/2022 - No Authorization is	Interqual
Surgical Procedure	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other	N	N	Effective 1/1/2022 - No Authorization is	Interqual
Surgical Procedure	17360	CHEMICAL EXFOLIATION FOR ACNE (EG ACNE PASTE ACID)	Y	Y	Requires Authorization for both	Interqual
Surgical Procedure	17380	HAIR REMOVAL BY ELECTROL	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	17999	UNLISTED PROCEDURE SKIN MUCOUS MEMBRANE AND SUBCUTANEOUS TIS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	19300	MASTECTOMY FOR GYNECOMASTIA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); WITH AXILLARY	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	19303	MASTECTOMY, SIMPLE, COMPLETE	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	19304	MASTECTOMY, SUBCUTANEOUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	19316	MASTOPEXY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19318	REDUCTION MAMMAPLASTY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19324	MAMMAPLASTY AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19325	MAMMAPLASTY AUGMENTATION; WITH PROSTHETIC IMPLANT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY MASTECTOMY OR IN RECONSTRUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY M	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19350	NIPPLE/AREOLA RECONSTRUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19355	CORRECTION OF INVERTED NIPPLES	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19357	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED WITH TISSUE EXPAN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19360	BREAST RECONSTRUCTION WITH MUSCLE OR MYOCUTANEOUS FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP WITH OR WIT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19362	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19364	BREAST RECONSTRUCTION WITH FREE FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19371	PERIPROSTHETIC CAPSULECTOMY BREAST	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19380	REVISION OF RECONSTRUCTED BREAST	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	19499	UNLISTED PROCEDURE BREAST	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20561	Needle insertion(s) without injection(s); 3 or more muscles	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20912	Cartilage graft; nasal septum	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	20975	Electrical stimulation to aid bone healing; invasive (operative)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Y	Y	Effective 1/1/2021 Authorization is	Interqual

Medical Procedure	20999	UNLISTED PROCEDURE MUSCULOSKELETAL SYSTEM GENERAL	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATIO	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT ALLOGRAFT PROSTHETIC MA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21121	GENIOPLASTY; SLIDING OSTEOTOMY SINGLE PIECE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21122	GENIOPLASTY; SLIDING OSTEOTOMIES TWO OR MORE OSTEOTOMIES (EG	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21123	GENIOPLASTY; SLIDING AUGMENTATION WITH INTERPOSITIONAL BONE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21125	AUGMENTATION MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21127	AUGMENTATION MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT ONLAY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21137	Reduction forehead; contouring only	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograf)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	21141	RECONSTRUCTION MIDFACE LEFORT I; SINGLE PIECE SEGMENT MOVEME	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21142	RECONSTRUCTION MIDFACE LEFORT I; TWO PIECES SEGMENT MOVEMENT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21143	RECONSTRUCTION MIDFACE LEFORT I; THREE OR MORE PIECES SEGMENT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21145	RECONSTRUCTION MIDFACE LEFORT I; SINGLE PIECE ANY DIRECTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21146	RECONSTRUCTION MIDFACE LEFORT I; TWO PIECES ANY DIRECTION RE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21147	RECONSTRUCTION MIDFACE LEFORT I; THREE OR MORE PIECES ANY DI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21150	RECONSTRUCTION MIDFACE LEFORT II; ANTERIOR INTRUSION (EG TRE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21151	RECONSTRUCTION MIDFACE LEFORT II; ANY DIRECTION REQUIRING BO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21154	RECONSTRUCTION MIDFACE LEFORT III (EXTRACRANIAL) ANY TYPE RE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21155	RECONSTRUCTION MIDFACE LEFORT III (EXTRACRANIAL) ANY TYPE RE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21159	RECONSTRUCTION MIDFACE LEFORT III (EXTRA AND INTRACRANIAL) W	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21160	RECONSTRUCTION MIDFACE LEFORT III (EXTRA AND INTRACRANIAL) W	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21175	RECONSTRUCTION BIFRONTAL SUPERIOR-LATERAL ORBITAL RIMS AND L	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21179	RECONSTRUCTION ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21180	RECONSTRUCTION ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21182	RECONSTRUCTION OF ORBITAL WALLS RIMS FOREHEAD NASOETHMOID CO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21183	RECONSTRUCTION OF ORBITAL WALLS RIMS FOREHEAD NASOETHMOID CO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21184	RECONSTRUCTION OF ORBITAL WALLS RIMS FOREHEAD NASOETHMOID CO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21188	RECONSTRUCTION MIDFACE OSTEOTOMIES (OTHER THAN LEFORT TYPE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21193	RECONSTRUCTION OF MANDIBULAR RAMUS HORIZONTAL VERTICAL 'C' O	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21194	RECONSTRUCTION OF MANDIBULAR RAMUS HORIZONTAL VERTICAL 'C' O	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21195	RECONSTRUCTION OF MANDIBULAR RAMUS SAGITTAL SPLIT; WITHOUT I	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21196	RECONSTRUCTION OF MANDIBULAR RAMUS SAGITTAL SPLIT; WITH INTE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21198	OSTEOTOMY MANDIBLE SEGMENTAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21199	OSTEOTOMY MANDIBLE SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21206	OSTEOTOMY MAXILLA SEGMENTAL (EG WASSMUND OR SCHUCHARD)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21208	OSTEOPLASTY FACIAL BONES; AUGMENTATION (AUTOGRAFT ALLOGRAFT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21209	OSTEOPLASTY FACIAL BONES; REDUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21210	GRAFT BONE; NASAL MAXILLARY OR MALAR AREAS (INCLUDES OBTAINI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21215	GRAFT BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21230	GRAFT; RIB CARTILAGE AUTOGENOUS TO FACE CHIN NOSE OR EAR (IN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21235	GRAFT; EAR CARTILAGE AUTOGENOUS TO NOSE OR EAR (INCLUDES OBT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21240	ARTHROPLASTY TEMPOROMANDIBULAR JOINT WITH OR WITHOUT AUTOGRA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21242	ARTHROPLASTY TEMPOROMANDIBULAR JOINT WITH ALLOGRAFT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21243	ARTHROPLASTY TEMPOROMANDIBULAR JOINT WITH PROSTHETIC JOINT R	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21244	RECONSTRUCTION OF MANDIBLE EXTRAORAL WITH TRANSOSTEAL BONE P	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLANT;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLANT;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA ENDOSTEAL IMPLANT (EG	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA ENDOSTEAL IMPLANT (EG	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM WITH BONE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM WITH BONE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM WITH BONE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21267	ORBITAL REPOSITIONING PERIORBITAL OSTEOTOMIES UNILATERAL WIT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21268	ORBITAL REPOSITIONING PERIORBITAL OSTEOTOMIES UNILATERAL WIT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21282	LATERAL CANTHOPEXY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG FOR TREATMENT OF B	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG FOR TREATMENT OF B	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	21601	Excision of chest wall tumor including rib(s)	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	21685	Hyoid myotomy and suspension	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	21899	UNLISTED PROCEDURE NECK OR THORAX	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	22899	UNLISTED PROCEDURE SPINE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	22999	UNLISTED PROCEDURE ABDOMEN MUSCULOSKELETAL SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS FOR CH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	23929	UNLISTED PROCEDURE SHOULDER	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	24999	UNLISTED PROCEDURE HUMERUS OR ELBOW	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	25310	TENDON TRANSPLANTATION OR TRANSFER FLEXOR OR EXTENSOR FOREAR	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	25312	TENDON TRANSPLANTATION OR TRANSFER FLEXOR OR EXTENSOR FOREAR	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	25999	UNLISTED PROCEDURE FOREARM OR WRIST	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	26480	TENDON TRANSFER OR TRANSPLANT CARPOMETACARPAL AREA OR DORSUM	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26483	TENDON TRANSFER OR TRANSPLANT CARPOMETACARPAL AREA OR DORSUM	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26485	TENDON TRANSFER OR TRANSPLANT PALMAR SINGLE EACH TENDON; WIT	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26489	TENDON TRANSFER OR TRANSPLANT PALMAR SINGLE EACH TENDON; WIT	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26490	OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINI	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26496	OPPONENSPLASTY; OTHER METHODS	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26497	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMAL	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FING	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	26989	UNLISTED PROCEDURE HANDS OR FINGERS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT ARTHROGRAPHY AND/OR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	27299	UNLISTED PROCEDURE PELVIS OR HIP JOINT	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Surgical Procedure	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE BILATERAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27396	TRANSPLANT HAMSTRING TENDON TO PATELLA; SINGLE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27397	TRANSPLANT HAMSTRING TENDON TO PATELLA; MULTIPLE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27599	UNLISTED PROCEDURE FEMUR OR KNEE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	27899	UNLISTED PROCEDURE LEG OR ANKLE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual

Surgical Procedure	28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	28344	Reconstruction, toe(s); polydactyly	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	28899	UNLISTED PROCEDURE FOOT OR TOES	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	29799	UNLISTED PROCEDURE CASTING OR STRAPPING	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	29999	UNLISTED PROCEDURE ARTHROSCOPY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30130	EXCISION TURBINATE PARTIAL OR COMPLETE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30140	SUBMUCOUS RESECTION TURBINATE PARTIAL OR COMPLETE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30150	RHINECTOMY; PARTIAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30160	RHINECTOMY; TOTAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30400	RHINOPLASTY PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEV	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30410	RHINOPLASTY PRIMARY; COMPLETE EXTERNAL PARTS INCLUDING BONY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30420	RHINOPLASTY PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30430	RHINOPLASTY SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30435	RHINOPLASTY SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30450	RHINOPLASTY SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEF	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEF	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG SPREADER GRAFTING LA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30500	SUBMUCOUS RESECTION NASAL SEPTUM CLASSI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT CARTILAGE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30540	Repair choanal atresia; intranasal	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	30545	Repair choanal atresia; transpalatine	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	30560	Lysis intranasal synechia	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE O	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	30999	UNLISTED PROCEDURE NOSE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevration agent or corticosteroid, injected	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31591	Laryngoplasty, medialization, unilateral	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31592	Cricotracheal resection	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	31599	UNLISTED PROCEDURE LARYNX	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	31830	REVISION OF TRACHEOSTOMY SCAR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	32850	DONOR PNEUMONECTOMY(IES) WITH PREPARATION AND MAINTENANCE OF	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32851	LUNG TRANSPLANT SINGLE; WITHOUT CARDIOPULMONARY BYPASS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32852	LUNG TRANSPLANT SINGLE; WITH CARDIOPULMONARY BYPASS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32853	LUNG TRANSPLANT DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32854	LUNG TRANSPLANT DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	33016	Pericardiocentesis, including imaging guidance, when performed	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site,	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	33866	Aortic hemiarth graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33928	Removal and replacement of total replacement heart system (artificial heart)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33930	DONOR CARDIECTOMY-PNEUMONECTOMY WITH PREPARATION AND MAINTEN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG A	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33940	DONOR CARDIECTOMY WITH PREPARATION AND MAINTENANCE OF ALLOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33945	HEART TRANSPLANT WITH OR WITHOUT RECIPIENT CARDIECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33976	Insertion of ventricular assist device; extracorporeal, biventricular	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33977	Removal of ventricular assist device; extracorporeal, single ventricle	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33978	Removal of ventricular assist device; extracorporeal, biventricular	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	33999	UNLISTED PROCEDURE CARDIAC SURGERY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	36430	TRANSFUSION BLOOD OR BLOOD COMPONENTS	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Medical Procedure	36440	PUSH TRANSFUSION BLOOD 2 YEARS OR UNDER	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Medical Procedure	36450	EXCHANGE TRANSFUSION BLOOD; NEWBORN	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Medical Procedure	36455	EXCHANGE TRANSFUSION BLOOD; OTHER THAN NEWBORN	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Medical Procedure	36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Medical Procedure	36460	TRANSFUSION INTRAUTERINE FETAL	N	N	Effective 1/1/2021 Authorization is Not	Interqual
Medical Procedure	36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS SPIDER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS SAME LEG	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Medical Procedure	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Medical Procedure	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	36482	ENDOVEN THER CHEM ADHES	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	36483	ENDOVEN THER CHEM ADHES	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary,	Y	Y	(Commercial/Medicare) Authorization is	Interqual
Surgical Procedure	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary,	Y	Y	(Commercial/Medicare) Authorization is	Interqual
Surgical Procedure	37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological	Y	Y	(Commercial/Medicare) Authorization is	Interqual
Surgical Procedure	37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological	Y	Y	(Commercial/Medicare) Authorization is	Interqual
Surgical Procedure	37500	PHLEBORRHAPHY SUTURE OF MAJOR VEIN WOU	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37501	Unlisted vascular endoscopy procedure	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37701	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37721	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHO	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37731	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHO	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37737	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37760	LIGATION OF PERFORATORS SUBFASCIAL RADICAL (LINTON TYPE) WIT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING	Y	Y	Authorization is Required for both	Interqual

Medical Procedure	37765	STAB PHLEBECTOMY OF VARICOSE VEINS ONE EXTREMITY; 10-20 STAB	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37766	STAB PHLEBECTOMY OF VARICOSE VEINS ONE EXTREMITY; MORE THAN	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37781	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	37785	LIGATION DIVISION AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S) ONE LEG	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR T	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR T	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38232	BONE MARROW HARVEST AUTOLOG	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38240	BONE MARROW TRANSPLANTATION; ALLOGENIC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	38589	UNLISTED LAPAROSCOPY PROCEDURE LYMPHATIC SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	39499	UNLISTED PROCEDURE MEDIASTINUM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	39599	UNLISTED PROCEDURE DIAPHRAGM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	40500	Vermilionectomy (lip shave), with mucosal advancement	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	40510	Excision of lip; transverse wedge excision with primary closure	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	40520	Excision of lip; V-excision with primary direct linear closure	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	40530	Resection of lip, more than one-fourth, without reconstruction	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	40799	UNLISTED PROCEDURE LIPS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	40899	UNLISTED PROCEDURE VESTIBULE OF MOUTH	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	41599	UNLISTED PROCEDURE TONGUE FLOOR OF MOUTH	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	41820	EXCISION GUM EACH QUADRA	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41821	EXCISION OF GUM FLAP	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41822	EXCISION OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41823	EXCISION OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41825	EXCISION OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41826	EXCISION OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41827	EXCISION OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41828	EXCISION OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41830	REMOVAL OF GUM TISSUE	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41850	TREATMENT OF GUM LESION	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41874	REPAIR TOOTH SOCKET	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Y	Y	Unlisted Code Effective 1/1/2021; Auth	Interqual
Surgical Procedure	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	42200	PALATOPLASTY FOR CLEFT PALATE SOFT AND/OR HARD PALATE ONLY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42205	PALATOPLASTY FOR CLEFT PALATE WITH CLOSURE OF ALVEOLAR RIDGE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42210	PALATOPLASTY FOR CLEFT PALATE WITH CLOSURE OF ALVEOLAR RIDGE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42226	LENGTHENING OF PALATE AND PHARYNGEAL FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42227	LENGTHENING OF PALATE WITH ISLAND FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42235	REPAIR OF ANTERIOR PALATE INCLUDING VOMER FLAP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42260	REPAIR OF NASOLABIAL FISTULA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	42299	UNLISTED PROCEDURE PALATE UVULA	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	42699	UNLISTED PROCEDURE SALIVARY GLANDS OR DUCTS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS OR TONSILS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	43285	Removal of esophageal sphincter augmentation device	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	43289	UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	43499	UNLISTED PROCEDURE ESOPHAGUS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43520	PYLOROMYOTOMY CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43620	GASTRECTOMY TOTAL; WITH ESOPHAGOENTEROSTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43621	GASTRECTOMY TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43622	GASTRECTOMY TOTAL; WITH FORMATION OF INTESTINAL POUCH ANY TY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43625	GASTRECTOMY TOTAL; WITH REPAIR BY INTESTINAL TRANSPLANT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43630	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43631	GASTRECTOMY PARTIAL DISTAL; WITH GASTRODUODENOSTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43632	GASTRECTOMY PARTIAL DISTAL; WITH GASTROJEJUNOSTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43633	GASTRECTOMY PARTIAL DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43634	GASTRECTOMY PARTIAL DISTAL; WITH FORMATION OF INTESTINAL POU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43635	VAGOTOMY WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43638	GASTRECTOMY PARTIAL PROXIMAL THORACIC OR ABDOMINAL APPROACH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43639	GASTRECTOMY PARTIAL PROXIMAL THORACIC OR ABDOMINAL APPROACH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43640	VAGOTOMY INCLUDING PYLOROPLASTY WITH OR WITHOUT GASTROTOMY;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43641	VAGOTOMY INCLUDING PYLOROPLASTY WITH OR WITHOUT GASTROTOMY;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43651	LAPAROSCOPY SURGICAL; TRANSECTION OF VAGUS NERVES TRUNCAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43652	LAPAROSCOPY SURGICAL; TRANSECTION OF VAGUS NERVES SELECTIVE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43653	LAPAROSCOPY SURGICAL; GASTROTOMY WITHOUT CONSTRUCTION OF GA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND (GASTRIC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43800	PYLOROPLASTY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43810	GASTRODUODENOSTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43820	GASTROJEJUNOSTOMY;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY ANY TYPE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43830	GASTROTOMY TEMPORARY (TUBE RUBBER OR PLASTIC) (SEPARATE PRO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43831	GASTROTOMY TEMPORARY (TUBE RUBBER OR PLASTIC) (SEPARATE PRO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43832	GASTROTOMY PERMANENT WITH CONSTRUCTION OF GASTRIC TUBE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43834	GASTROTOMY ENDOSCOPIC PERCUTANEOUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43842	GASTROPLASTY VERTICAL-BANDED FOR MORBID OBESITY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43843	GASTROPLASTY OTHER THAN VERTICAL-BANDED FOR MORBID OBESITY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43844	GASTRIC BYPASS OTHER THAN WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43845	GASTROPLASTY ANY METHOD FOR MORBID OBESITY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43847	GASTRIC RESTRICTIVE PROCEDURE WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL BOWEL RECONSTRUCTION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION WITH OR WITHOUT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION WITH OR WITHOUT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43870	CLOSURE OF GASTROTOMY SURGICAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43880	CLOSURE OF GASTROCOLIC FISTULA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43885	ANTERIOR GASTROPEXY FOR HIATAL HERNIA (SEPARATE PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	Y	Y	Authorization is Required for both	Interqual

Surgical Procedure	43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	43999	UNLISTED PROCEDURE STOMACH	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	44132	Donor enterectomy (including cold preservation), open; from cadaver donor	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	44135	INTESTINAL ALLOTTRANSPLANTATION; FROM CADAVER DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	44136	INTESTINAL ALLOTTRANSPLANTATION; FROM LIVING DONOR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	44238	UNLISTED LAPAROSCOPY PROCEDURE INTESTINE (EXCEPT RECTUM)	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	44799	UNLISTED PROCEDURE INTESTINE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	44899	UNLISTED PROCEDURE MECKEL'S DIVERTICULUM AND THE MESENTERY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	45399	Unlisted procedure, colon	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	45999	UNLISTED PROCEDURE RECTUM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	46999	UNLISTED PROCEDURE ANUS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	47133	DONOR HEPATECTOMY WITH PREPARATION AND MAINTENANCE OF HOMOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47135	LIVER TRANSPLANT WITH OR WITHOUT RECIPIENT HEPATECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47140	DONOR HEPATECTOMY WITH PREPARATION AND MAINTENANCE OF ALLOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47141	DONOR HEPATECTOMY WITH PREPARATION AND MAINTENANCE OF ALLOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47142	DONOR HEPATECTOMY WITH PREPARATION AND MAINTENANCE OF ALLOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	47379	UNLISTED LAPAROSCOPIC PROCEDURE LIVER	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	47399	UNLISTED PROCEDURE LIVER	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	47999	UNLISTED PROCEDURE BILIARY TRACT	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	48160	PANCREATECTOMY TOTAL OR SUBTOTAL WITH AUTOLOGOUS TRANSPLANTA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	48550	DONOR PANCREATECTOMY WITH PREPARATION AND MAINTENANCE OF ALL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	48999	UNLISTED PROCEDURE PANCREAS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s),	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	49329	UNLISTED LAPAROSCOPY PROCEDURE ABDOMEN PERITONEUM AND OMENTU	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	49659	UNLISTED LAPAROSCOPY PROCEDURE HERNIOPLASTY HERNIORRHAPHY HE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	50300	DONOR NEPHRECTOMY WITH PREPARATION AND MAINTENANCE OF HOMOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50320	DONOR NEPHRECTOMY WITH PREPARATION AND MAINTENANCE OF HOMOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL AL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL AL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL AL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50360	RENAL HOMOTRANSPLANTATION IMPLANTATION OF GRAFT; EXCLUDING D	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50365	RENAL HOMOTRANSPLANTATION IMPLANTATION OF GRAFT; WITH RECIPI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50370	REMOVAL OF TRANSPLANTED HOMOGRFT (EG INFARCTED OR REJECTED	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50380	RENAL AUTOTRANSPLANTATION REIMPLANTATION OF KIDNEY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	50860	URETEROSTOMY TRANSPLANTATION OF URETER TO SKIN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	53430	Urethroplasty, reconstruction of female urethra	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	53899	UNLISTED PROCEDURE URINARY SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	54125	Amputation of penis; complete	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54401	Insertion of penile prosthesis; inflatable (self-contained)	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected	Y	Y	Penile Sx - Auth Required Effective	Interqual
Surgical Procedure	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL D	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	54690	Laparoscopy, surgical; orchiectomy	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	55175	Scrotoplasty; simple	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	55180	Scrotoplasty; complicated	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	55559	UNLISTED LAPAROSCOPY PROCEDURE SPERMATIC CORD	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	55970	Intersex surgery; male to female	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	55980	Intersex surgery; female to male	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	56399	UNLISTED PROCEDURE LAPAROSCOPY PERITONEOSCOPY HYSTEROSCOPY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56620	VULVECTOMY SIMPLE; PARTIAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56625	VULVECTOMY SIMPLE; COMPLETE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56630	VULVECTOMY RADICAL PARTIAL;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56631	VULVECTOMY RADICAL PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56632	VULVECTOMY RADICAL PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56633	VULVECTOMY RADICAL COMPLETE;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56634	VULVECTOMY RADICAL COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56635	VULVECTOMY RADICAL; WITH INGUINOFEMORAL LYMPHADENECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56636	VULVECTOMY RADICAL; WITH INGUINOFEMORAL LYMPHADENECTOMY BILATERAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56637	VULVECTOMY RADICAL COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56640	VULVECTOMY RADICAL COMPLETE WITH INGUINOFEMORAL ILIAC AND PELVIC LYMPHADENECTOMY	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56641	VULVECTOMY RADICAL WITH INGUINOFEMORAL ILIAC AND PELVIC LYMPHADENECTOMY; BILATERAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56680	CLITORIDECTOMY; SIMPLE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56685	CLITORIDECTOMY; EXTENSIVE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56800	PLASTIC REPAIR OF INTROITUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	56810	PERINEOPLASTY REPAIR OF PERINEUM NON-OBSTETRICAL (SEPARATE PROCEDURE)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	57106	Vaginectomy, partial removal of vaginal wall;	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	57291	Construction of artificial vagina; without graft	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	57292	Construction of artificial vagina; with graft	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	57335	Vaginoplasty for intersex state	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58260	Vaginal hysterectomy, for uterus 250 g or less;	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58290	Vaginal hysterectomy, for uterus greater than 250 g;	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Y	Y	Effective 1/1/2021 Authorization is	Interqual

Surgical Procedure	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58940	Oophorectomy, partial or total, unilateral or bilateral;	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	58974	Embryo transfer, intrauterine	Y	N/A	IVF Code Effective 1/1/2021 PA Required	Interqual
Surgical Procedure	58976	Gamete, zygote, or embryo intrafallopian transfer, any method	Y	N/A	IVF Code Effective 1/1/2021 PA Required	Interqual
Surgical Procedure	58999	UNLISTED PROCEDURE FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	59074	Fetal fluid drainage (e.g., vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	59076	Fetal shunt placement, including ultrasound guidance	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	59840	INDUCED ABORTION BY DILATION AND CURETTAGE	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59841	INDUCED ABORTION BY DILATION AND EVACUATION	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59850	INDUCED ABORTION BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (A	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59851	INDUCED ABORTION BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (A	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59852	INDUCED ABORTION BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (A	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59855	INDUCED ABORTION BY ONE OR MORE VAGINAL SUPPOSITORIES (EG PR	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59856	INDUCED ABORTION BY ONE OR MORE VAGINAL SUPPOSITORIES	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59857	INDUCED ABORTION BY ONE OR MORE VAGINAL SUPPOSITORIES (EG PR	Y	N/A	Auth Required for Both Commercial	Interqual
Surgical Procedure	59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDA	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	59898	UNLISTED LAPAROSCOPY PROCEDURE MATERNITY CARE AND DELIVERY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	60510	TRANSPLANTATION OF PARATHYROID GLAND(S)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	60512	PARATHYROID AUTOTRANSPLANTATION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULAT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62284	Injection procedure for myelography and/or computed tomography, lumbar	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS O	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62290	INJECTION PROCEDURE FOR DISKOGRAHY EACH LEVEL; LUMBAR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62291	INJECTION PROCEDURE FOR DISKOGRAHY EACH LEVEL; CERVICAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS INCLUDING DISKOGRA	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62294	INJECTION PROCEDURE ARTERIAL FOR OCCLUSION OF ARTERIOVENOUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62302	LAMINECTOMY FOR EXPLORATION OF INTRASPIN	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62303	LAMINECTOMY FOR EXPLORATION OF INTRASPIN	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62350	IMPLANTATION REVISION OR REPOSITIONING OF INTRATHECAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62351	IMPLANTATION REVISION OR REPOSITIONING OF INTRATHECAL OR EPI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62355	Removal of previously implanted intrathecal or epidural catheter	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy,	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63652	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; INT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63656	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63657	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63658	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Medical Procedure	64400	INJECTION ANESTHETIC AGENT; TRIGEMINAL NERVE ANY DIVISION OR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64402	INJECTION ANESTHETIC AGENT; FACIAL NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64405	INJECTION ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64408	INJECTION ANESTHETIC AGENT; VAGUS NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64410	INJECTION ANESTHETIC AGENT; PHRENIC NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64413	INJECTION ANESTHETIC AGENT; CERVICAL PLEXUS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64415	INJECTION ANESTHETIC AGENT; BRACHIAL PLEXUS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64416	INJECTION ANESTHETIC AGENT; BRACHIAL PLEXUS CONTINUOUS INFUS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64417	INJECTION ANESTHETIC AGENT; AXILLARY NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64418	INJECTION ANESTHETIC AGENT; SUPRASCAPULAR NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64420	INJECTION ANESTHETIC AGENT; INTERCOSTAL NERVE SINGLE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64421	INJECTION ANESTHETIC AGENT; INTERCOSTAL NERVES MULTIPLE REGI	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64425	INJECTION ANESTHETIC AGENT; ILIOINGUINAL ILIOHYPOGASTRIC NER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64430	INJECTION ANESTHETIC AGENT; PUDENDAL NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64435	INJECTION ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64440	INJECTION ANESTHETIC AGENT; PARAVERTEBRAL NERVE (THORACIC LU	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64441	INJECTION ANESTHETIC AGENT; PARAVERTEBRAL NERVES MULTIPLE LE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64442	INJECTION ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64443	INJECTION ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64445	INJECTION ANESTHETIC AGENT; SCIATIC NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64446	INJECTION ANESTHETIC AGENT; SCIATIC NERVE CONTINUOUS INFUSIO	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64447	INJECTION ANESTHETIC AGENT; FEMORAL NERVE SINGLE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64448	INJECTION ANESTHETIC AGENT; FEMORAL NERVE CONTINUOUS INFUSIO	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64449	INJECTION ANESTHETIC AGENT; LUMBAR PLEXUS POSTERIOR APPROACH	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64479	INJECTION ANESTHETIC AGENT AND/OR STEROID TRANSFORAMINAL EPI	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64480	CERVICAL OR THORACIC EACH ADDITIONAL LEVEL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64483	LUMBAR OR SACRAL SINGLE LEVEL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64484	LUMBAR OR SACRAL EACH ADDITIONAL LEVEL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64505	INJECTION ANESTHETIC AGENT; SPHENOPALATINE GANGLION	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64510	INJECTION ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMP	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64517	INJECTION ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64520	INJECTION ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRA	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64530	INJECTION ANESTHETIC AGENT; CELIAC PLEXUS WITH OR WITHOUT RA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PER	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SAC	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEU	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64566	Neuroletrd stim post tibial	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	64568	Inc for vagus n elect impl	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64569	Revise/repl vagus n eltrd	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64570	Remove vagus n eltrd	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64600	DESTRUCTION BY NEUROLYTIC AGENT TRIGEMINAL NERVE; SUPRAORBIT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64605	DESTRUCTION BY NEUROLYTIC AGENT TRIGEMINAL NERVE; SECOND AND	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64610	DESTRUCTION BY NEUROLYTIC AGENT TRIGEMINAL NERVE; SECOND AND	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64611	Chemodener saliv glands	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64615	Chemodener musc migraine	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64616	Chemodener musc neck dyston	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64617	Chemodener muscle larynx emg	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed	Y	Y	New Code - Added to the PA List Effective	Interqual

Medical Procedure	64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64633	DESTROY CERV/THOR FACET JNT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64634	DESTROY C/TH FACET JNT ADDL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64635	DESTROY LUMB/SAC FACET JNT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64636	DESTROY L/S FACET JNT ADDL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR B	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64642	Chemodenerv 1 extremity 1-4	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64643	Chemodenerv 1 extrem 1-4 ea	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64644	Chemodenerv 1 extrem 5/> mus	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64645	Chemodenerv 1 extrem 5/> ea	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64646	Chemodenerv trunk musc 1-5	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64647	Chemodenerv trunk musc 6/>	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64680	DESTRUCTION BY NEUROLYTIC AGENT CELIAC PLEXUS WITH OR WITHOU	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	64681	DESTRUCTION BY NEUROLYTIC AGENT WITH OR WITHOUT RADIOLOGIC M	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64702	NEUROPLASTY; DIGITAL ONE OR BOTH SAME DIGIT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64704	NEUROPLASTY; NERVE OF HAND OR FOOT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64708	NEUROPLASTY MAJOR PERIPHERAL NERVE ARM OR LEG, OPEN; OTHER T	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64712	SCIATIC NERVE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64713	BRACHIAL PLEXUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64714	LUMBAR PLEXUS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	N	N	No Authorization Required 1/1/2022 for	Interqual
Surgical Procedure	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	Y	Y	Effective 1/1/2022 Authorization is	Interqual
Surgical Procedure	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUN	Y	Y	Effective 1/1/2022 Authorization is	Interqual
Surgical Procedure	64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65720	KERATOPLASTY (CORNEAL TRANSPLANT) LAMEL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65725	KERATOPLASTY (CORNEAL TRANSPLANT) LAMEL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN AP	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65740	KERATOPLASTY (CORNEAL TRANSPLANT) PENET	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65745	KERATOPLASTY (CORNEAL TRANSPLANT) PENET	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65756	Corneal trnsp, endothelial	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65757	Prep corneal endo allograft	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (E	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	65785	Implantation of intrastromal corneal ring segments	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT OF EYE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	67399	UNLISTED PROCEDURE OCULAR MUSCLE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	67599	UNLISTED PROCEDURE ORBIT	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY MID-FOREHEAD OR CORONAL APPROACH)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT INTERNAL APPROACH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT EXTERNAL APPROACH	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG FASANELLA-SERVAT	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67909	REDUCTION OF OVERCORRECTION OF PTOSIS	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67911	REVISE EYELID DEFECT	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	67912	CORRECTION OF LAGOPHTHALMOS WITH IMPLANTATION OF UPPER EYELI	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67914	REPAIR OF ECTROPION; SUTURE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY EXCISION TARSAL WEDGE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY EXTENSIVE (EG KUHN-T-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67921	REPAIR OF ENTROPION; SUTURE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY EXCISION TARSAL WEDGE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY EXTENSIVE (EG WHEELER OPERATION)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67961	EXCISION AND REPAIR OF EYELID INVOLVING LID MARGIN TARSUS CO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67966	EXCISION AND REPAIR OF EYELID INVOLVING LID MARGIN TARSUS CO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67971	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67973	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67974	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67975	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSO	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	67999	UNLISTED PROCEDURE EYELIDS	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	68399	UNLISTED PROCEDURE CONJUNCTIVA	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	69300	REVISE EXTERNAL EAR	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	69399	UNLISTED PROCEDURE EXTERNAL EAR	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	69799	UNLISTED PROCEDURE MIDDLE EAR	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	69930	Cochlear device implantation, with or without mastoidectomy	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Surgical Procedure	69949	UNLISTED PROCEDURE INNER EAR	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Surgical Procedure	69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA APPROACH	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Imaging	70010	MYELOGRAPHY POSTERIOR FOSSA RADIOLOGICAL SUPERVISION AND INTERPRETATION	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70320	FULL MOUTH X-RAY OF TEE	Y	Y	New Code - Added to the PA List Effective	Interqual
Imaging	70336	MAGNETIC RESONANCE (EG PROTON) IMAGING TEMPOROMANDIBULAR JOI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70450	COMPUTED TOMOGRAPHY HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70460	COMPUTED TOMOGRAPHY HEAD OR BRAIN; WITH CONTRAST MATERIAL (MA Only)	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70470	COMPUTED TOMOGRAPHY HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70480	COMPUTED TOMOGRAPHY ORBIT SELLA OR POSTERIOR FOSSA OR OUTER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70481	IAC'S/TEMPORAL BONES WITH CONTRAST	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70482	IAC'S/TEMPORAL BONES WITHOUT CONTRAST FOLLOWED BY CONTRAST	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70486	MAXILLOFACIAL AREA (SINUES) WITHOUT CONTRAST	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70487	COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA; WITH CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70488	COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA; WITHOUT CONTRAST MAT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70490	COMPUTED TOMOGRAPHY SOFT TISSUE NECK; WITHOUT CONTRAST MATER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70491	COMPUTED TOMOGRAPHY SOFT TISSUE NECK; WITH CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70492	COMPUTED TOMOGRAPHY SOFT TISSUE NECK; WITHOUT CONTRAST MATER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD WITHOUT CONTRAST MATER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK WITHOUT CONTRAST MATER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70540	MAGNETIC RESONANCE (EG PROTON) IMAGING ORBIT FACE AND NECK;	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70542	MAGNETIC RESONANCE (EG PROTON) IMAGING ORBIT FACE AND NECK;	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70543	MAGNETIC RESONANCE (EG PROTON) IMAGING ORBIT FACE AND NECK;	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70544	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70545	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITH CONTRAST MATERIAL(	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70546	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70547	MAGNETIC RESONANCE ANGIOGRAPHY NECK; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70548	MAGNETIC RESONANCE ANGIOGRAPHY NECK; WITH CONTRAST MATERIAL(	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70549	MAGNETIC RESONANCE ANGIOGRAPHY NECK; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70551	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70552	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70553	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70557	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70558	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	70559	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71250	COMPUTED TOMOGRAPHY THORAX; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71260	COMPUTED TOMOGRAPHY THORAX; WITH CONTRAST MATERIAL(S)	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71270	COMPUTED TOMOGRAPHY THORAX; WITHOUT CONTRAST MATERIAL FOLLOW	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY CHEST WITHOUT CONTRAST MATE	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71550	MAGNETIC RESONANCE (EG PROTON) IMAGING CHEST (EG FOR EVALUAT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71551	MAGNETIC RESONANCE (EG PROTON) IMAGING CHEST (EG FOR EVALUAT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71552	MAGNETIC RESONANCE (EG PROTON) IMAGING CHEST (EG FOR EVALUAT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	71555	MAGNETIC RESONANCE ANGIOGRAPHY CHEST (EXCLUDING MYOCARDIUM)	Y	Y	Effective 1/1/2019 Authorization is	Interqual

Imaging	72125	COMPUTED TOMOGRAPHY CERVICAL SPINE; WITHOUT CONTRAST MATERIA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72126	COMPUTED TOMOGRAPHY CERVICAL SPINE; WITH CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72127	COMPUTED TOMOGRAPHY CERVICAL SPINE; WITHOUT CONTRAST MATERIA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72128	COMPUTED TOMOGRAPHY THORACIC SPINE; WITHOUT CONTRAST MATERIA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72129	COMPUTED TOMOGRAPHY THORACIC SPINE; WITH CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72130	COMPUTED TOMOGRAPHY THORACIC SPINE; WITHOUT CONTRAST MATERIA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72131	COMPUTED TOMOGRAPHY LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72132	COMPUTED TOMOGRAPHY LUMBAR SPINE; WITH CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72133	COMPUTED TOMOGRAPHY LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72141	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL A	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72142	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72146	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72147	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72148	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72149	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72156	Magnetic resonance (eg proton) imaging spinal canal and cont	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72157	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72158	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72159	MAGNETIC RESONANCE ANGIOGRAPHY SPINAL CANAL AND CONTENTS WIT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS WITHOUT CONTRAST MAT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72192	COMPUTED TOMOGRAPHY PELVIS; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72193	COMPUTED TOMOGRAPHY PELVIS; WITH CONTRAST MATERIAL(S)	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72194	COMPUTED TOMOGRAPHY PELVIS; WITHOUT CONTRAST MATERIAL FOLLOW	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72195	MAGNETIC RESONANCE (EG PROTON) IMAGING PELVIS; WITHOUT CONTR	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72196	MAGNETIC RESONANCE (EG PROTON) IMAGING PELVIS; WITH CONTRAST	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72197	MAGNETIC RESONANCE (EG PROTON) IMAGING PELVIS; WITHOUT CONTR	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72198	MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH OR WITHOUT CONTRA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72240	MYELOGRAPHY CERVICAL RADIOLOGICAL SUPERVISION AND INTERPRETATION	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72255	MYELOGRAPHY THORACIC RADIOLOGICAL SUPERVISION AND INTERPRETATION	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72265	MYELOGRAPHY LUMBOSACRAL RADIOLOGICAL SUPERVISION AND INTERPRETATION	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	72270	MYELOGRAPHY TWO OR MORE REGIONS (EG LUMBAR/THORACIC CERVICAL/THORACIC LUMBAR/CERVICAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73200	COMPUTED TOMOGRAPHY UPPER EXTREMITY; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73201	COMPUTED TOMOGRAPHY UPPER EXTREMITY; WITH CONTRAST MATERIAL(	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73202	COMPUTERIZED AXIAL TOMOGRAPHY UPPER EXTREMITY; WITHOUT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY UPPER EXTREMITY WITHOUT CON	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73218	MAGNETIC RESONANCE (EG PROTON) IMAGING UPPER EXTREMITY OTHER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73219	MAGNETIC RESONANCE (EG PROTON) IMAGING UPPER EXTREMITY OTHER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73220	MAGNETIC RESONANCE (EG PROTON) IMAGING UPPER EXTREMITY OTHER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73221	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF UPPER EX	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73222	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF UPPER EX	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73223	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF UPPER EX	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73225	MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH OR WITHO	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73700	COMPUTED TOMOGRAPHY LOWER EXTREMITY; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73701	COMPUTED TOMOGRAPHY LOWER EXTREMITY; WITH CONTRAST MATERIAL(	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73702	COMPUTED TOMOGRAPHY LOWER EXTREMITY; WITHOUT CONTRAST MATERI	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXTREMITY WITHOUT CON	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73718	MAGNETIC RESONANCE (EG PROTON) IMAGING LOWER EXTREMITY OTHER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73719	MAGNETIC RESONANCE (EG PROTON) IMAGING LOWER EXTREMITY OTHER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73720	MAGNETIC RESONANCE (EG PROTON) IMAGING LOWER EXTREMITY OTHER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73721	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF LOWER EX	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73722	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF LOWER EX	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73723	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF LOWER EX	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	73725	MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH OR WITHO	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74150	COMPUTED TOMOGRAPHY ABDOMEN; WITHOUT CONTRAST MATERIAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74160	COMPUTERIZED AXIAL TOMOGRAPHY ABDOMEN; WITH CONTRAST MATERIA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74170	COMPUTED TOMOGRAPHY ABDOMEN; WITHOUT CONTRAST MATERIAL FOLLO	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74174	CT ANGIO ABD&PELV W/O&W/DYE	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN WITHOUT CONTRAST MA	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74176	Ct abd & pelvis w/o contrast	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74177	Ct abdomen&pelvis w/contrast	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74178	Ct abd&pelv 1+ section/regns	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74181	MAGNETIC RESONANCE (EG PROTON) IMAGING ABDOMEN; WITHOUT CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74182	MAGNETIC RESONANCE (EG PROTON) IMAGING ABDOMEN; WITH CONTRAS	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74183	MAGNETIC RESONANCE (EG PROTON) IMAGING ABDOMEN; WITHOUT CONT	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74185	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH OR WITHOUT CONTR	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-	N	N	No Authorization Required 1/1/2022 for	Interqual
Imaging	74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for	N	N	No Authorization Required 1/1/2022 for	Interqual
Imaging	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75557	Cardiac mri for morph	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75559	Cardiac mri w/stress img	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75561	Cardiac mri for morph w/dye	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75563	Card mri w/stress img & dye	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLWO MAPPING	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES A	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMINAL AORTA AND BILATER	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	76390	MAGNETIC RESONANCE SPECTROSCOPY	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	76391	Magnetic resonance (eg, vibration) elastography	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Imaging	76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG DIAGNOSTIC INTERVENTIONA	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Imaging	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG DIAGNOSTIC INTERV	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Imaging	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG DIAGNOSTIC INTERVE	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Imaging	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Imaging	76999	UNLISTED ULTRASOUND PROCEDURE (EG DIAGNOSTIC INTERVENTIONAL)	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Imaging	77014	COMPUTER TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THER	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Imaging	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Y	Y	Effective 3/1/2020 - Authorization is	Interqual
Imaging	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Y	Y	Effective 3/1/2020 - Authorization is	Interqual
Imaging	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-	Y	Y	Effective 3/1/2020 - Authorization is	Interqual
Imaging	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-	Y	Y	Effective 3/1/2020 - Authorization is	Interqual
Imaging	77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	77280	Therapeutic radiology simulation-aided field setting; simple	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77285	Therapeutic radiology simulation-aided field setting; intermediate	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77290	Therapeutic radiology simulation-aided field setting; complex	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77295	3-dimensional radiotherapy plan, including dose-volume histograms	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77299	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY CLINICAL TREATMENT	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77321	Special teletherapy port plan, particles, hemibody, total body	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77370	Special medical radiation physics consultation	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	77399	UNLISTED PROCEDURE MEDICAL RADIATION PHYSICS DOSIMETRY AND T	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TREATMENT MANAGEMEN	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	78099	UNLISTED ENDOCRINE PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	78199	UNLISTED HEMATOPOIETIC RETICULOENDOTHELIAL AND LYMPHATIC PRO	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	78270	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78271	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78272	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78278	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78282	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78290	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78291	Nuclear Radiology: Digestive System	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78299	UNLISTED GASTROINTESTINAL PROCEDURE DIAGNOSTIC NUCLEAR MEDIC	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	78399	UNLISTED MUSCULOSKELETAL PROCEDURE DIAGNOSTIC NUCLEAR MEDICI	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Imaging	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s])	Y	Y	New Code - Added to the PA List Effective	Interqual
Imaging	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s]) and/or	Y	Y	New Code - Added to the PA List Effective	Interqual
Imaging	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s]) and/or	Y	Y	New Code - Added to the PA List Effective	Interqual
Imaging	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including	Y	Y	New Code - Added to the PA List Effective	Interqual
Imaging	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	78434	Absolute quantitation of myocardial blood flow (AQMFB), positron emission tomography (PET), rest and pharmacologic	Y	Y	New Code - Added to the PA List Effective	Interqual

Imaging	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	N	N	No Authorization Required 1/1/2022 for	Interqual
Imaging	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	N	N	No Authorization Required 1/1/2022 for	Interqual
Imaging	78459	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) METABO	N	N	No Authorization Required 1/1/2022 for	Interqual
Imaging	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Y	Y	Added to 1/1/2021 PA list	Interqual
Imaging	78491	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUS	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78492	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUS	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without	Y	Y	Added to 1/1/2021 PA list	Interqual
Medical Procedure	78499	UNLISTED CARDIOVASCULAR PROCEDURE DIAGNOSTIC NUCLEAR MEDICIN	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	78599	UNLISTED RESPIRATORY PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Imaging	78607	Brain imaging, tomographic (SPECT)	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78609	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78699	UNLISTED NERVOUS SYSTEM PROCEDURE DIAGNOSTIC NUCLEAR MEDICIN	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	78799	UNLISTED GENITOURINARY PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Imaging	78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED A	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BAS	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BOD	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78814	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCU	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78815	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCU	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	78816	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCU	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	78999	UNLISTED MISCELLANEOUS PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	79999	UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROCEDURE	Y	Y	Unlisted Code Effective 1/1/2019; No	Interqual
Medical Procedure	80299	Quantitation of therapeutic drug, not elsewhere specified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable	N	N	Change: Effective 1/1/2021 No auth	Interqual
Medical Procedure	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by	N	N	Change: Effective 1/1/2021 No auth	Interqual
Medical Procedure	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry	N	N	Change: Effective 1/1/2021 No auth	Interqual
Medical Procedure	80323	Alkaloids, not otherwise specified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80338	Antidepressants, not otherwise specified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80339	Antiepileptics, not otherwise specified; 1-3	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80340	Antiepileptics, not otherwise specified; 4-6	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80341	Antiepileptics, not otherwise specified; 7 or more	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80342	Antipsychotics, not otherwise specified; 1-3	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80343	Antipsychotics, not otherwise specified; 4-6	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80344	Antipsychotics, not otherwise specified; 7 or more	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	81099	UNLISTED URINALYSIS PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb])	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIb]) (eg, neonatal	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex],	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb])	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49b, alpha 2 subunit of VLA-2 receptor] [GPIa])	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIb])	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex],	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81161	DMD DUP/DELET ANALYSIS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance),	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidolysian atrophy) gene analysis; evaluation to detect abnormal (eg, expanded)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis; evaluation to detect abnormal (eg,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis; evaluation to	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81200	ASPA GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81201	Apc gene full sequence	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81202	Apc gene known fam variants	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81203	Apc gene dup/delet variants	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81205	BCKDHB GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81206	BCR/ABL1 GENE MAJOR BP	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81207	BCR/ABL1 GENE MINOR BP	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81208	BCR/ABL1 GENE OTHER BP	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81209	BLM GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81210	BRAF GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81212	BRCA1&2 185&5385&6174 VAR	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81215	BRCA1 GENE KNOWN FAM VARIANT	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81216	BRCA2 GENE FULL SEQUENCE	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81217	BRCA2 GENE KNOWN FAM VARIANT	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81220	CFTR GENE COM VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81221	CFTR GENE KNOWN FAM VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81222	CFTR GENE DUP/DELET VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81223	CFTR GENE FULL SEQUENCE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81224	CFTR GENE INTRON POLY T	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81225	CYP2C19 GENE COM VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81226	CYP2D6 GENE COM VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81227	CYP2C9 GENE COM VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81228	CYTOGEN MICRARRAY COPY NMBR	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81229	CYTOGEN M ARRAY COPY NO&SNP	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81235	Egfr gene com variants	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81240	F2 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81241	F5 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81242	FANCC GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81243	FMR1 GENE DETECTION	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81244	FMR1 GENE CHARACTERIZATION	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81245	FLT3 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Y	Y	Effective 1/1/2021 Authorization is	Interqual

Molecular Diagnostics	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81250	G6PC GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81251	GBA GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81252	Gjb2 gene full sequence	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81253	Gjb2 gene known fam variants	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81254	Gjb6 gene com variants	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81255	HEXA GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81256	HFE GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81257	HBA1/HBA2 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease),	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease),	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81260	IKBKAP GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81261	IGH GENE REARRANGE AMP METH	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81262	IGH GENE REARRANG DIR PROBE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81263	IGH VARI REGIONAL MUTATION	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81264	IGK REARRANGEABN CLONAL POP	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81265	STR MARKERS SPECIMEN ANAL	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81266	STR MARKERS SPEC ANAL ADDL	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81267	CHIMERISM ANAL NO CELL SELEC	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81268	CHIMERISM ANAL W/CELL SELEC	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease),	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81270	JAK2 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81275	KRAS GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61,	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81287	Mgmt gene methylation anal	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81288	MLH1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81290	MCOLN1 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81291	MTHFR GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81292	MLH1 GENE FULL SEQ	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81293	MLH1 GENE KNOWN VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81294	MLH1 GENE DUP/DELETE VARIANT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81295	MSH2 GENE FULL SEQ	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81296	MSH2 GENE KNOWN VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81297	MSH2 GENE DUP/DELETE VARIANT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81298	MSH6 GENE FULL SEQ	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81299	MSH6 GENE KNOWN VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81300	MSH6 GENE DUP/DELETE VARIANT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81301	MICROSATELLITE INSTABILITY	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81302	MECP2 GENE FULL SEQ	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81303	MECP2 GENE KNOWN VARIANT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81304	MECP2 GENE DUP/DELETE VARIANT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81309	PIK3CA (phosphatidylinositol-4, 5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81310	NPM1 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg,	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81315	PML/RARALPHA COM BREAKPOINTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81316	PML/RARALPHA 1 BREAKPOINT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81317	PMS2 GENE FULL SEQ ANALYSIS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81318	PMS2 KNOWN FAMILIAL VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81319	PMS2 GENE DUP/DELETE VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81321	Pten gene full sequence	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81322	Pten gene known fam variant	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81323	Pten gene dup/delet variant	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81324	Pmp22 gene dup/delet	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81325	Pmp22 gene full sequence	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81326	Pmp22 gene known fam variant	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81330	SMPD1 GENE COMMON VARIANTS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81331	SNRPN/UBE3A GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81332	SERPINA1 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81340	TRB@ GENE REARRANGE AMPLIFY	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81341	TRB@ GENE REARRANGE DIRPROBE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81342	TRG GENE REARRANGEMENT ANAL	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded)	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81350	UGT1A1 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81355	VKORC1 GENE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81370	HLA I & II TYPING LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81371	HLA I & II TYPE VERIFY LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81372	HLA I TYPING COMPLETE LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81373	HLA I TYPING 1 LOCUS LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81374	HLA I TYPING 1 ANTIGEN LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81375	HLA II TYPING AG EQUIV LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81376	HLA II TYPING 1 LOCUS LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81377	HLA II TYPING 1 AG EQUIV LR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81378	HLA I & II TYPING HR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81379	HLA I TYPING COMPLETE HR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81380	HLA I TYPING 1 LOCUS HR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81381	HLA I TYPING 1 ALLELE HR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81382	HLA II TYPING 1 LOC HR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81383	HLA II TYPING 1 ALLELE HR	Y	Y	Auth Req For MA effect 1/1/2022	Interqual
Molecular Diagnostics	81400	MOPATH PROCEDURE LEVEL 1	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81401	MOPATH PROCEDURE LEVEL 2	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81402	MOPATH PROCEDURE LEVEL 3	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81403	MOPATH PROCEDURE LEVEL 4	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81404	MOPATH PROCEDURE LEVEL 5	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81405	MOPATH PROCEDURE LEVEL 6	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81407	MOPATH PROCEDURE LEVEL 8	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81408	MOPATH PROCEDURE LEVEL 9	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81410	Genomic Sequencing Procedures and other Molecular Multianalyte Assays-	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81411	Duplication/deletion analysis panel, must include analyses for TGFBR1,TGFBR2,MYH11, and COL3A1	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia,	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81415	Exome(eg,unexplained constitutional or heritable disorder or syndrome) sequence analysis	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81416	sequence analysis,each comparator exome(eg,paents,sibling)(list seperately in addition to code for primary procedure)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81417	re-evaluation of previously obtained exome sequence (eg,updated knowledge or unrelated condition/syndrome)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81420	Fetal chromosomal aneuploidy(eg,trisomy 21,monosomy X) genomic sequence analysis panel,circulating cell-free fetal	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome),	Y	Y	Auth Req For MA effect 3/1/2020	Interqual

Molecular Diagnostics	81425	Genome (eg,unexplained constitutional or heritable disorder or syndrome) sequence analysis	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81426	sequence analysis,each comparator exome(eg,parents,sibling)(list separately in addition to code for primary procedure)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81427	re-evaluation of previously obtained genome sequence(eg., updated knowledge or unrelated condition/syndrome)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81430	Hearing loss(eg. Nonsyndromic hearing loss, Usher syndrome,Pendred syndrome); genomic sequence analysis panel, must	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81431	Duplication/deletion analysis panel, must include analyses for STRC and DFNB1 deletions in GJB and GJB6	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81433	Genomic sequence analysis is performed.	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81435	Hereditary colon cancer syndrome(eg.Lynch syndrome,familial adenomatosis polyposis); genomic sequence analysis panel,	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81436	duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81440	Nuclear encoded mitochondrial genes(eg. Neurologic or myopathic phenotypes) ,genomic sequence panel,must include	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81450	Target genomic sequence analysis panel,hematolymphoid neoplasm or disorder,DNA and RNA analysis,when performed.5-	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81455	Targeted genomic sequence analysis panel,solid organ or hematolymphoid neoplasm, DNA or RNA analysis when	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81460	Whole mitochondrial genome (eg., Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis,and stroke-like	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81465	Whole mitochondrial genome large deletion analysis panel(eg.Kearns-Sayre Syndrome,chronic progressive external	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81470	X-linked intellectual disability(XLID): genomic sequence analysis panel, must include sequencing of at least 60 genes,	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81471	duplication/deletion gene analysis, must include sequencing of at least 60 genes, including	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81479	Unlisted molecular pathology	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81504	Oncology tissue of origin	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81507	Fetal aneuploidy trisom risk	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping),	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81519	Oncology(breast),mRNA, gene expression profiling by real time RT-PCR of 21 genes, utilizing formalin-fixed paraffin	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping),	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping),	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations,	N	N	COLOGUARD Effective 1/1/2018 - No	Interqual
Molecular Diagnostics	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	81599	Unlisted maa	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	83006	Growth stimulation expressed gene 2(ST2),Interleukin 1, receptor like-1	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	84999	UNLISTED CHEMISTRY PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	86486	Skin test; unlisted antigen, each	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	86849	UNLISTED IMMUNOLOGY PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis,	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	87506	gastrointestinal pathogen(eg. Clostridium difficile,E.Coli,Salmonella,Shigella,norovirus,Giardia.), includes multiplex reverse	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	87507	gastrointestinal pathogen(eg. Clostridium difficile,E.Coli,Salmonella,Shigella,norovirus,Giardia.), includes multiplex reverse	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Medical Procedure	87999	UNLISTED MICROBIOLOGY PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAG	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88250	CHROMOSOME ANALYSIS FOR FRAGILE X ASSOCIATED WITH FRAGILE X-	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88260	CHROMOSOME ANALYSIS; COUNT 5 CELLS SCREENING WITH BANDING	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS 1 KARYOTYPE WITH BANDING	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS 2 KARYOTYPES WITH BAN	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM 2 KARYOTYP	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88265	CHROMOSOME ANALYSIS;MYELOID CELLS 2 KAR	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88267	CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VILLUS COUNT	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88268	CHROMOSOME ANALYSIS;SKIN COUNT 1-4 CELL	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88269	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS COUNT C	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88271	MOLECULAR CYTOGENETICS; DNA PROBE EACH (EG FISH)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION AN	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION AN	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES EACH STUDY	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG NOR C-BANDING)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED EACH STUDY	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Medical Procedure	88299	UNLISTED CYTOGENETIC STUDY	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	88341	Immunohistochemistry or immunocytochemistry per specimen, initial single antibody stain procedure-Each additional	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	88344	Each multiplex antibody stain procedure	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88356	MORPHOMETRIC ANALYSIS; NERVE	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88358	MORPHOMETRIC ANALYSIS; TUMOR (EG DNA PLOIDY)	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88360	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88361	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY (EG HER-2/	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88364	In situ hybridization(eg.FISH),per specimen;initial single probe stain procedure-Each additional single probe stain	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88366	Each multiplex probe stain procedure	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88369	Morphometric analysis,in situ hybridization(quantitative or semi-quantitative)manual,per specimen;initial single probe stain	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88373	Morphometric analysis,in situ hybridization(quantitative or semi-quantitative)manual,per specimen;using computer assisted	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88374	Each multiplex probe stain procedure	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88377	Each multiplex probe stain procedure	Y	Y	Auth Req For MA effect 3/1/2020	Interqual
Molecular Diagnostics	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	88749	Unlisted in vivo (eg, transcutaneous) laboratory service	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Molecular Diagnostics	89255	Preparation of embryo for transfer (any method)	Y	N/A	IVF Code Added Effective 1/1/2021 -	Interqual
Molecular Diagnostics	89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	90283	Immune globulin (IgIV), human, for intravenous use	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	90284	Immune globulin (SCIG), human, for use in subcutaneous infusions, 100 mg, each	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	90378	Synagis (Pavalizumab)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	90399	UNLISTED IMMUNE GLOBULIN	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	90749	UNLISTED IMMUNIZATION PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	N	N	Should be Processed by OPTUM BH	Interqual
Medical Procedure	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GR	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90945	CCPD	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG PERITONEAL HE	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90951	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90952	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90953	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90954	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90955	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90956	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90957	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90958	HEMODIALYSIS FOR END-STAGE RENAL DISEAS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90959	Esrd serv, 1 vst p mo, 12-19	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90960	Esrd srv, 4 visits p mo, 20+	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90961	Esrd srv, 2-3 vsts p mo, 20+	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90962	Esrd serv, 1 visit p mo, 20+	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90963	Esrd home pt, serv p mo, <2	N	N	Effective 1/1/2021 - No Auth Required for	Interqual

Medical Procedure	90964	Esrd home pt serv p mo, 2-11	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90965	Esrd home pt serv p mo 12-19	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90966	PERITONEAL DIALYSIS FOR ACUTE RENAL FAIL	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90967	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90968	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90969	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90970	Esrd home pt serv p day, 20+	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90989	DIALYSIS TRAINING PATIENT INCLUDING HELPER WHERE APPLICABLE	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90993	DIALYSIS TRAINING PATIENT INCLUDING HELPER WHERE APPLICABLE	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Medical Procedure	92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual	Y	Y	New Code: 1/1/2020 - Experimental and	Interqual
Medical Procedure	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	93228	Remote 30 day eeg rev/report	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	93229	TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE ATTENDED SURVEILLANCE, ANALYSIS AND	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP PER 30 DAY PERIOD OF	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP PER 30 DAY PERIOD OF	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition	Y	Y	New Code - Added to the PA List Effective	Interqual
Surgical Procedure	93451	Right heart cath	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93452	Left hrt cath w/ventriclgrphy	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93453	R&L hrt cath w/ventriclgrphy	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93454	Coronary artery angio s&i	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93455	Coronary art/grft angio s&i	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93456	R hrt coronary artery angio	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93457	R hrt art/grft angio	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93458	L hrt artery/ventricle angio	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93459	L hrt art/grft angio	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93460	R&L hrt art/ventricle angio	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93461	R&L hrt art/ventricle angio	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93462	L hrt cath trnsptl puncture	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93530	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEA	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to	Y	Y	New 1/1/2017 - (Commercial/Medicare)	Interqual
Surgical Procedure	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	93998	Unlisted noninvasive vascular diagnostic study	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RE	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours;	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours;	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	N	N	No Auth Required Effective 1/1/2022	Interqual
Medical Procedure	95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of	Y	Y	New Code - Added to the PA List Effective	Interqual
Sleep Study	95800	Slp sty unattended	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Sleep Study	95801	Slp sty unatnd w/anal	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Sleep Study	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Sleep Study	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	Y	Y	Change Effective 1/1/2022 - Sleep Study is	Interqual
Sleep Study	95806	SLEEP STUDY SIMULTANEOUS RECORDING OF VENTILATION RESPIRATOR	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Sleep Study	95807	SLEEP STUDY SIMULTANEOUS RECORDING OF VENTILATION RESPIRATOR	Y	Y	Change Effective 1/1/2022 - Sleep Study is	Interqual
Sleep Study	95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETER	Y	Y	Change Effective 1/1/2022 - Sleep Study is	Interqual
Sleep Study	95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PAR	Y	Y	Change Effective 1/1/2022 - Sleep Study is	Interqual
Sleep Study	95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PAR	Y	Y	Change Effective 1/1/2022 - Sleep Study is	Interqual
Medical Procedure	95822	Electroencephalogram (EEG); recording in coma or sleep only	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95860	Needle electromyography; 1 extremity with or without related paraspinal areas	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95861	Needle electromyography; 2 extremities with or without related paraspinal areas	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95863	Needle electromyography; 3 extremities with or without related paraspinal areas	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95864	Needle electromyography; 4 extremities with or without related paraspinal areas	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95865	Needle electromyography; larynx	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95866	Needle electromyography; hemidiaphragm	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95868	Needle electromyography; cranial nerve supplied muscles, bilateral	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95907	Nerve conduction studies; 1-2 studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95908	Nerve conduction studies; 3-4 studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95909	Nerve conduction studies; 5-6 studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95910	Nerve conduction studies; 7-8 studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95911	Nerve conduction studies; 9-10 studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95912	Nerve conduction studies; 11-12 studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95913	Nerve conduction studies; 13 or more studies	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95955	Electroencephalogram (EEG) during nonintra cranial surgery (eg, carotid surgery)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95980	Io anal gast n-stim init	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95981	Io anal gast n-stim subsq	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95982	Io ga n-stim subsq w/reprog	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual

Medical Procedure	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	96125	Cognitive test by hc pro	Y	Y	Authorization Required Effective 1/1/2021	Interqual
Medical Procedure	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic	Y	Y	Authorization Required for both	Interqual
Medical Procedure	96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATME	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTOR	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDA	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	97139	Unlisted therapeutic procedure (specify)	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDU	Y	Y	Unlisted Code Effective 7/1/2010	Interqual
Medical Procedure	97810	patient	Y	Y	Acupuncture - Effective 1/1/2021	Interqual
Medical Procedure	97811	contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Y	Y	Acupuncture - Effective 1/1/2021	Interqual
Medical Procedure	97813	patient	Y	Y	Acupuncture - Effective 1/1/2021	Interqual
Medical Procedure	97814	with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Y	Y	Acupuncture - Effective 1/1/2021	Interqual
Medical Procedure	99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the	N	N	Effective 1/1/2022 NO Authorization is	Interqual
Medical Procedure	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the	N	N	Effective 1/1/2022 NO Authorization is	Interqual
Medical Procedure	99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the	N	N	Effective 1/1/2022 NO Authorization is	Interqual
Medical Procedure	99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or	N	N	Effective 1/1/2022 NO Authorization is	Interqual
Medical Procedure	99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or	N	N	Effective 1/1/2022 NO Authorization is	Interqual
Medical Procedure	99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or	N	N	Effective 1/1/2022 NO Authorization is	Interqual
Medical Procedure	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	99199	UNLISTED SPECIAL SERVICE PROCEDURE OR REPORT	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Home Health	99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	Y	Y	Authorization is Required for both	Interqual
Home Health	99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	Y	Y	Authorization is Required for both	Interqual
Home Health	99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	Y	Y	Authorization is Required for both	Interqual
Home Health	99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	Y	Y	Authorization is Required for both	Interqual
Home Health	99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	Y	Y	Authorization is Required for both	Interqual
Home Health	99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	Y	Y	Authorization is Required for both	Interqual
Home Health	99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	Y	Y	Authorization is Required for both	Interqual
Home Health	99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	Y	Y	Authorization is Required for both	Interqual
Home Health	99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Medical Procedure	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Home Health	99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE	Y	Y	Authorization is Required for both	Interqual
Home Health	99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	Y	Y	Authorization is Required for both	Interqual
Home Health	99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	Y	Y	Authorization is Required for both	Interqual
Home Health	99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG BRONCHODILATOR O	Y	Y	Authorization is Required for both	Interqual
Home Health	99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	Y	Y	Authorization is Required for both	Interqual
Home Health	99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOM	Y	Y	Authorization is Required for both	Interqual
Home Health	99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	Y	Y	Authorization is Required for both	Interqual
Home Health	99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG URINA	Y	Y	Authorization is Required for both	Interqual
Home Health	99508	HOME VISIT FOR POLYSOMNOGRAPHY AND SLEEP STUDIES	Y	Y	Authorization is Required for both	Interqual
Home Health	99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AN	Y	Y	Authorization is Required for both	Interqual
Home Health	99510	HOME VISIT FOR INDIVIDUAL FAMILY OR MARRIAGE COUNSELING	Y	Y	Authorization is Required for both	Interqual
Home Health	99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINIS	Y	Y	Authorization is Required for both	Interqual
Home Health	99512	HOME VISIT FOR HEMODIALYSIS	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Home Health	99511	HOME INFUSION FOR PAIN MANAGEMENT (INTRAVENOUS OR SUBCUTANEO	Y	Y	Authorization is Required for both	Interqual
Home Health	99512	HOME INFUSION FOR PAIN MANAGEMENT (EPIDURAL OR INTRATHECAL)	Y	Y	Authorization is Required for both	Interqual
Home Health	99513	HOME INFUSION FOR TOCOLYTIC THERAPY PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99514	HOME INFUSION FOR HEMATOPOIETIC HORMONES (EG ERYTHROPOIETIN	Y	Y	Authorization is Required for both	Interqual
Home Health	99515	HOME INFUSION FOR CHEMOTHERAPY PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99516	HOME INFUSION FOR ANTIBIOTICS/ANTIFUNGALS/ANTIVIRALS PER VIS	Y	Y	Authorization is Required for both	Interqual
Home Health	99517	HOME INFUSION OF CONTINUOUS ANTICOAGULANT THERAPY (EG HEPARI	Y	Y	Authorization is Required for both	Interqual
Home Health	99518	HOME INFUSION OF IMMUNOTHERAPY PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99519	HOME INFUSION OF PERITONEAL DIALYSIS PER VISIT	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Home Health	99520	HOME INFUSION OF ENTERAL NUTRITION PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99521	HOME INFUSION OF HYDRATION THERAPY PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99522	HOME INFUSION OF TOTAL PARENTERAL NUTRITION PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99523	HOME ADMINISTRATION OF AEROSOLIZED PENTAMIDINE PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99524	HOME INFUSION FOR ANTI-HEMOPHILIC AGENTS (EG FACTOR VIII) PE	Y	Y	Authorization is Required for both	Interqual
Home Health	99525	HOME INFUSION OF ALPHA-1-PROTEINASE INHIBITOR (EG PROLASTIN)	Y	Y	Authorization is Required for both	Interqual
Home Health	99526	HOME INFUSION FOR UNINTERRUPTED LONG-TERM INTRAVENOUS TREATM	Y	Y	Authorization is Required for both	Interqual
Home Health	99527	HOME INFUSION OF SYMPATHOMIMETIC AGENTS (EG DOBUTAMINE) PER	Y	Y	Authorization is Required for both	Interqual
Home Health	99528	HOME INFUSION OF MISCELLANEOUS DRUGS PER VISIT	Y	Y	Authorization is Required for both	Interqual
Home Health	99529	HOME INFUSION EACH ADDITIONAL THERAPY GIVEN ON SAME DAY (LIS	Y	Y	Authorization is Required for both	Interqual
Home Health	99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Home Health	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO	Y	Y	Authorization is Required for both	Interqual
Home Health	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO	Y	Y	Authorization is Required for both	Interqual
Molecular Diagnostics	0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs1277823)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping),	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes,	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen),	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum,	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-	Y	Y	Change: Genetic Testing- Lab services for	Interqual

Molecular Diagnostics	0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. auris), amplified probe	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue,	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine,	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1,	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A.	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer)	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie,	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List	Y	Y	New Code - Added to the PA List Effective	Interqual
Molecular Diagnostics	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated),	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group])	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1,	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1,	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2,	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group])	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAB (erythroblast membrane associated protein	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group])	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets	Y	Y	New Code - Effective 7.1.2020 (Lab	Interqual
Molecular Diagnostics	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue,	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes,	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions,	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications,	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Molecular Diagnostics	0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical	Y	Y	New Code - Effective 10.1.2020 (Lab	Interqual
Medical Procedure	0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	0510T	Removal of sinus tarsi implant	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0511T	Removal and reinsertion of sinus tarsi implant	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care;	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care;	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of	Y	Y	Authorization Required for Commercial	Interqual
Medical Procedure	0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg,	Y	Y	Authorization Required for Commercial	Interqual
Medical Procedure	0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Y	Y		

Medical Procedure	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Y	Y	Authorization Required for Commercial	Interqual
Medical Procedure	0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with subternal electrode(s), including all	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0572T	Insertion of subternal implantable defibrillator electrode	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0573T	Removal of subternal implantable defibrillator electrode	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0574T	Repositioning of previously implanted subternal implantable defibrillator-pacing electrode	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with subternal electrode, with	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0580T	Removal of subternal implantable defibrillator pulse generator only	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0583T	Typanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and	Y	Y	New Code - Added to the PA List Effective	Interqual
Non Emergent Transportation	A0021	Ambulance service, outside state per mile, transport	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0100	Non-emergency transportation; taxi	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0110	Non-emergency transportation and bus, intra or inter state carrier	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0130	Non-emergency transportation: wheelchair van	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0160	Non-emergency transportation: per mile - case worker or social worker	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0170	Transportation ancillary: parking fees, tolls, other	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0180	Non-emergency transportation: ancillary: lodging-recipient	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0190	Non-emergency transportation: ancillary: meals-recipient	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0200	Non-emergency transportation: ancillary: lodging-escort	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0210	Non-emergency transportation: ancillary: meals-escort	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	Y	Y	Authorization is Required for both	Interqual
Non Emergent Transportation	A0999	Unlisted ambulance service	Y	Y	Unlisted Code Effective 9/1/2016; No	Interqual
Durable Medical Equipment	A4335	Incontinence supply; miscellaneous	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Durable Medical Equipment	A4421	Ostomy supply; miscellaneous	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Medical Procedure	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	A4575	Hyperbaric o2 chamber disps	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	A4641	Radiopharmaceutical, diagnostic, not otherwise classified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	A4913	Misc dialysis supplies noc	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Durable Medical Equipment	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	A6512	Compression burn garment, not otherwise classified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	A6549	Gradient compression stocking/sleeve, not otherwise specified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Medical Procedure	A9150	Nonprescription drugs	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Medical Procedure	A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Medical Procedure	A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Medical Procedure	A9270	Noncovered item or service	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Medical Procedure	A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not	N/A	N/A	Effective 1/1/2021 - Should Deny for Not A	Interqual
Medical Procedure	A9280	Alert or alarm device, not otherwise classified	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Durable Medical Equipment	A9282	Wig any type	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	A9300	Exercise Equipment	N/A	N/A	Should Deny for Not A Covered Benefit	Interqual
Medical Procedure	A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml	N	N	1/1/2021 - Should only deny for	Interqual
Medical Procedure	A9590	Iodine I-131, iobenguane, 1 mCi	Y	N	New Code - Added to the PA List Effective	Interqual
Medical Procedure	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	N	N	1/1/2021 - Should only deny for	Interqual
Medical Procedure	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified	N	N	1/1/2021 - Should only deny for	Interqual
Medical Procedure	A9606	Radium RA-223 dichloride, therapeutic, per mCi	Y	Y	New Effective 1/1/2021 for both	Interqual
Medical Procedure	A9698	Nonradioactive contrast imaging material, not otherwise classified, per study	N	N	1/1/2021 - Should only deny for	Interqual
Medical Procedure	A9699	Radiopharmaceutical, therapeutic, not otherwise classified	N	N	Effective 1/1/2021 - Should only deny for	Interqual
Durable Medical Equipment	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	A9999	Miscellaneous DME supply or accessory, not otherwise specified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	B4034	Enteral feed supply kit syringe by day	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4035	Enteral feed supply kit pump by day	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4036	Enteral feed supply kit gravity by day	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4081	Enteral NG tubing w/ stylet	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4082	Enteral NG tubing w/o stylet	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4083	Enteral stomach tube levine	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4087	Gastro/jejuno tube, standard	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4088	Gastro/jejuno tube, low-pro	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4102	Enteral formula, adult	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4103	Enteral formula, pediatric	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4104	Additive for enteral formula	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4149	Enteral formula,blenderized foods	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4150	Enteral formula, w/intact nutrient	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4152	Enteral formula calorie dense >=1.5kcal	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4153	Enteral formula hydrolyzed/amino acids	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4154	Enteral formula, special metabolic noninherit	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4155	Enteral formula,incomplete modular	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4157	Enteral formula metabolic inherit	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4158	Enteral formula,pediatric complete intact nutrient	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4159	Enteral formula,pediatric complete soy based	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4160	Enteral formula,pediatric caloric dense >=0.7kcal	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4161	Enteral formula,pediatric hydrolyzed/amino acid	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4162	Enteral formula,pediatric special metabolic needs	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B4187	Omegaven, 10 g lipids	Y	Y	New Code - Added to the PA List Effective	Interqual
Durable Medical Equipment	B9002	Enteral and Parenteral Pumps	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B9004	Enteral and Parenteral Pumps	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B9006	Enteral and Parenteral Pumps	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	B9998	NOC for enteral supplies	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	B9999	NOC for parenteral supplies	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Medical Procedure	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1767	Generator, neuro non-recharg	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1778	Lead, neurostimulator	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1813	Prosthesis, penile, inflatable	Y	Y	Penile Sx - Auth Required Effective	Interqual
Medical Procedure	C1816	Receiver/transmitter, neuro	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1820	Generator neuro rechg bat sy	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Medical Procedure	C1824	Generator, cardiac contractility modulation (implantable)	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	C1839	Iris prosthesis	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	C1841	Retinal Prosthesis	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1849	Skin substitute, synthetic, resorbable, per sq cm	Y	Y	New Code - Effective 8.1.2020 (Auth	Interqual
Medical Procedure	C1883	Adapt/ext, pacing/neuro lead	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	C1889	Implantable/insertable device, not otherwise classified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	C1897	Lead, neurostimulator test kit (implantable)	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Medical Procedure	C2596	Probe, image guided, robotic, waterjet ablation	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	C2622	Prosthesis, penile, noninflatable	Y	Y	Penile Sx - Auth Required Effective	Interqual
Medical Procedure	C2698	Brachytherapy source, stranded, not otherwise specified, per source	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	C2699	Brachytherapy source, nonstranded, not otherwise specified, per source	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Imaging	C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	Y	Y	Effective 1/1/2019 Authorization is	Interqual

Imaging	C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8931	Magnetic resonance angiography with contrast,spinal canal	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8932	Magnetic resonance angiography without contrast,spinal canal	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8933	Magnetic resonance angiography with/without contrast,spinal canal	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8934	Magnetic resonance angiography with contrast, upper extremity	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8935	Magnetic resonance angiography without contrast, upper extremity	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	C8936	Magnetic resonance angiography with/without contrast, upper extremity	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Specialty Rx Drug	C9047	Injection, caplacizumab-yhdp, 1 mg	Y	Y	Effective for COMM 3/1/2020 and MA	Interqual
Specialty Rx Drug	C9054	Injection, lefamulin (Xenleta), 1 mg	Y	Y	Authorization Required for Commercial	Interqual
Specialty Rx Drug	C9055	Injection, brexanolone, 1 mg	Y	Y	New Code - Added to the PA List Effective	Interqual
Specialty Rx Drug	C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	Y	Y	Authorization Required for Commercial	Interqual
Specialty Rx Drug	C9064	Mitomycin pyelocalyceal instillation, 1 mg	Y	Y	Authorization Required for Commercial	Interqual
Specialty Rx Drug	C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1 mg	Y	Y	Authorization Required for Commercial	Interqual
Specialty Rx Drug	C9066	Injection, sacituzumab govitecan-hziy, 10 mg	Y	Y	Authorization Required for Commercial	Interqual
Specialty Rx Drug	C9399	Unclassified drugs or biologicals	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Medical Procedure	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Medical Procedure	C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control,	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Medical Procedure	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain	Y	Y	Effective 8.1.2020 (Auth Required for both	Interqual
Medical Procedure	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress	Y	Y	Effective 8.1.2020 (Auth Required for both	Interqual
Surgical Procedure	D0150	COMP ORAL EVALUATION - N	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	D0999	Unspecified diagnostic procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D2999	Unspecified-Restorative-Procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D3999	unspecified endodontic procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D4355	FM DEBR ENBL COMP OR E&D	Y	Y	Added to the PA List Effective 3/1/2020	Interqual
Surgical Procedure	D4999	unspecified periodontal procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D5899	Unspecified removable prosthodontic procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D5914	Auricular prosthesis	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	D5916	Ocular prosthesis	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	D5919	Facial prosthesis	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	D5925	Facial augmentation implantation prosthesis	Y	Y	Authorization is Required for both	Interqual
Surgical Procedure	D5999	MAXILLOFACIAL PROSTHETICS	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D6199	unspecified implant procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D6999	Unspecified fixed prosthodontic procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D7140	EXTRAC ERUPTED TOOTH/EXP	Y	Y	Dental Code Effective 3/1/2020;	Interqual
Surgical Procedure	D7210	SURG REMOVL ERUPTED TOOT	Y	Y	Dental Code Effective 3/1/2020;	Interqual
Surgical Procedure	D7250	SURG REMOVAL RESIDUAL TO	Y	Y	Dental Code Effective 3/1/2020;	Interqual
Surgical Procedure	D7899	unspecified TMD therapy	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D7995	Synthetic graft	Y	Y	Dental Code Effective COMM 7/1/2010/MA	Interqual
Surgical Procedure	D7999	unspecified oral surgery procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D8999	Unspecified orthodontic procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Surgical Procedure	D9999	unspecified adjunctive procedure	Y	Y	Unlisted Dental Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0170	Commode chair electric	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0172	Seat lift mechanism toilet	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0184	Dry pressure mattress	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0185	Gel pressure mattress pad	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0186	Air pressure mattress	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0187	Water pressure mattress	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0188	Synthetic sheepskin pad	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0189	Lambswool sheepskin pad	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	E0193	Powered air flotation bed	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0194	Air fluidized bed	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0196	Gel pressure mattress	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0197	Air pressure pad for mattres	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0198	Water pressure pad for matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0199	Dry pressure pad for mattres	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0250	Hosp bed fixed ht w/ mattres	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0251	Hosp bed fixd ht w/o mattres	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0255	Hospital bed var ht w/ matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0256	Hospital bed var ht w/o matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0260	Hosp bed semi-elect w/ matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0261	Hosp bed semi-elect w/o mat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0265	Hosp bed total elect w/ mat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0266	Hosp bed total elec w/o matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0270	Hospital bed institutional t	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0271	Mattress innerspring	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0272	Mattress foam rubber	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0290	Hosp bed fx ht w/o rails w/m	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0291	Hosp bed fx ht w/o rail w/o	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0292	Hosp bed var ht w/o rail w/o	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0293	Hosp bed var ht w/o rail w/	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0294	Hosp bed semi-elect w/ matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0295	Hosp bed semi-elect w/o matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0296	Hosp bed total elect w/ matt	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0297	Hosp bed total elect w/o mat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0300	Enclosed ped crib hosp grade	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0301	HD hosp bed, 350-600 lbs	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0302	Ex hd hosp bed > 600 lbs	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0303	Hosp bed hvy dty xtra wide	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0304	Hosp bed xtra hvy dty x wide	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0328	Hosp bed, pedi, manual, 360 degree side enclosures	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0329	Hosp bed, pedi, electric or semi-electric, 360 degree side	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier,	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask,	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor,	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier,	Y	Y	New Code - Effective 1/1/2021	Interqual
Durable Medical Equipment	E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Y	Y	Authorization is Required No Matter the	Interqual
Durable Medical Equipment	E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Y	Y	Authorization is Required No Matter the	Interqual
Durable Medical Equipment	E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Y	Y	Authorization is Required No Matter the	Interqual
Durable Medical Equipment	E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Y	Y	Authorization is Required No Matter the	Interqual
Durable Medical Equipment	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0470	RAD w/o backup non-inv intrfc	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	E0471	RAD w/backup non inv intrfc	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	E0472	RAD w backup invasive intrfc	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	E0561	Humidifier nonheated w PAP	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	E0562	Humidifier heated used w PAP	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	E0601	Cont airway pressure device	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0621	Patient lift sling or seat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0625	Patient lift bathroom or toi	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0627	Seat lift incorp lift-chair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0629	Seat lift for pt furn-non-el	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0630	Patient lift hydraulic	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0635	Patient lift electric	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0636	PT support & positioning sys	Y	Y	Change DME Code Effective 1/1/2021;	Interqual

Durable Medical Equipment	E0637	Combination sit to stand sys	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0638	Standing frame sys	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0639	Moveable patient lift system	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0640	Fixed patient lift system	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0641	Multi-position stnd fram sys	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Medical Procedure	E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	E0749	Osteogenesis stimulator, electrical, surgically implanted	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	E0766	Electical stimulation device used for cancer treatment, includes all accessories	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Durable Medical Equipment	E0784	Ext amb infusn pump insulin	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1050	Wheelch fxd full length arms	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1060	Wheelchair detachable arms	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1065	Wheelchair power attachment	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1066	Wheelchair battery charger	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1069	Wheelchair deep cycle batter	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1070	Wheelchair detachable foot r	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1083	Hemi-wheelchair fixed arms	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1084	Hemi-wheelchair detachable a	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1085	Hemi-wheelchair fixed arms	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1086	Hemi-wheelchair detachable a	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1087	Wheelchair lightwt fixed arm	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1088	Wheelchair lightweight det a	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1089	Wheelchair lightwt fixed arm	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1090	Wheelchair lightweight det a	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1092	Wheelchair wide w/ leg rests	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1093	Wheelchair wide w/ foot rest	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1100	Whchr s-recl fxd arm leg res	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1110	Wheelchair semi-recl detach	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1170	Whlchr ampu fxd arm leg rest	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1171	Wheelchair amputee w/o leg r	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1172	Wheelchair amputee detach ar	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1180	Wheelchair amputee w/ foot r	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1190	Wheelchair amputee w/ leg re	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1195	Wheelchair amputee heavy dut	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1200	Wheelchair amputee fixed arm	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1220	Whlchr special size/constrc	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1221	Wheelchair spec size w foot	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1222	Wheelchair spec size w/ leg	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1223	Wheelchair spec size w foot	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1224	Wheelchair spec size w/ leg	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1225	Manual semi-reclining back	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1226	Manual fully reclining back	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1227	Wheelchair spec sz spec ht a	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1228	Wheelchair spec sz spec ht b	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1229	Pediatric wheelchair NOS	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1230	Power operated vehicle	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1231	Rigid ped w/c tilt-in-space	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1232	Folding ped wc tilt-in-space	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1233	Rig ped wc tltnspc w/o seat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1234	Fld ped wc tltnspc w/o seat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1235	Rigid ped wc adjustable	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1236	Folding ped wc adjustable	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1237	Rgd ped wc adjstabl w/o seat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1238	Fld ped wc adjstabl w/o seat	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1239	Power wheelchair, pediatric size, not otherwise specified	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1280	Whchr h-duty det arm leg res	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1285	Wheelchair heavy duty fixed	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1290	Wheelchair hvy duty detach a	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1295	Wheelchair heavy duty fixed	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1296	Wheelchair special seat heig	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1297	Wheelchair special seat dept	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1298	Wheelchair spec seat depth/w	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1392	Portable oxygen concentrator, rental	Y	Y	Change Effective 1/1/2021 - Authorization	Interqual
Durable Medical Equipment	E1399	Durable medical equipment misc.	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1590	Hemodialysis machine	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Durable Medical Equipment	E1594	Cycler dialysis machine	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Durable Medical Equipment	E1632	Wearable artificial kidney	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1635	Compact travel hemodialyzer	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1699	Dialysis equipment noc	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1700	Jaw motion rehab system	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1701	Repl cushions for jaw motion	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E1702	Repl measr scales jaw motion	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E2398	Wheelchair accessory, dynamic positioning hardware for back	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	E2599	Accessory for speech generating device, not otherwise classified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Home Health	G0127	Trimming of dystrophic nails, any number	Y	Y	no auth needed for diabetics	Interqual
Home Health	G0151	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH OR HOSPICE SET	Y	Y	Authorization is Required for both	Interqual
Home Health	G0152	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH OR HOSPICE	Y	Y	Authorization is Required for both	Interqual
Home Health	G0153	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH O	Y	Y	Authorization is Required for both	Interqual
Home Health	G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPIC	Y	Y	Authorization is Required for both	Interqual
Home Health	G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPI	Y	Y	Authorization is Required for both	Interqual
Home Health	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe	Y	Y	Authorization is Required for both	Interqual
Home Health	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe	Y	Y	Authorization is Required for both	Interqual
Home Health	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or	Y	Y	Authorization is Required for both	Interqual
Home Health	G0162	HHC RN E&M plan svcs, 15 min	Y	Y	Authorization is Required for both	Interqual
Home Health	G0181	Home health care supervision	Y	Y	Authorization is Required for both	Interqual
Home Health	G0182	Hospice care supervision	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Imaging	G0219	PET img wholbod melano nonco	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Imaging	G0235	PET not otherwise specified	Y	Y	Unlisted PET Scan Code Effective 1/1/2019;	Interqual
Imaging	G0252	PET imaging initial dx	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	G0257	Unsched dialysis ESRD pt hos	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Y	Y	Authorization is Required for both	Interqual
Home Health	G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G0337	Hospice evaluation preelect	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0341	Percutaneous islet celltrans	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0342	Laparoscopy islet cell trans	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0343	Laparotomy islet cell transp	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0365	Vessel mapping hemo access	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0396	Alcohol and/or substance (oth than tobacco) abuse assessmnt	N	N	No authorization is required effective	Interqual
Medical Procedure	G0397	Alcohol and/or subst abuse assessmnt and intervntn > 30 min	N	N	No authorization is required effective	Interqual
Sleep Study	G0398	Home sleep test/type 2 Porta	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Sleep Study	G0399	Home sleep test/type 3 Porta	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Sleep Study	G0400	Home sleep test/type 4 Porta	Y	Y	Effective 1/1/2019 Authorization is	Interqual
Medical Procedure	G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring,	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring,	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0429	DERMAL FILLER INJECT FOR LDS	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient,	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration,	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision	Y	Y	Authorization Required for Commercial	Interqual
Medical Procedure	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision	Y	Y	Authorization Required for Commercial	Interqual

Medical Procedure	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	G9013	ESRD demo bundle level I	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Medical Procedure	G9014	ESRD demo bundle-level II	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Home Health	G9187	Bundled Payments for Care Improvement (BPCI) Home Visit	Y	Y	Authorization is Required for both	Interqual
Home Health	G9481	Remote In-Home Visit E/M New Patient 10 Minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G9482	Remote In-Home Visit E/M New Patient 20 Minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G9483	Remote In-Home Visit E/M New Patient 30 Minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G9484	Remote In-Home Visit E/M New Patient 45 Minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G9485	Remote In-Home Visit E/M New Patient 60 Minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	G9486	Remote In-Home Visit E/M Established Pt 10 Mins	Y	Y	Authorization is Required for both	Interqual
Home Health	G9487	Remote In-Home Visit E/M Established Pt 15 Mins	Y	Y	Authorization is Required for both	Interqual
Home Health	G9488	Remote In-Home Visit E/M Established Pt 25 Mins	Y	Y	Authorization is Required for both	Interqual
Home Health	G9489	Remote In-Home Visit E/M Established Pt 40 Mins	Y	Y	Authorization is Required for both	Interqual
Home Health	G9490	Comprehensive Care Jt Repl Model Home Visit;	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	G9678	Oncol Care Model Meos Pmt Enhncd Care Mgmt Srvc	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	H0031	Mental health assessment, by non-physician	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	H0032	Mental health service plan development by non-physician	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	H1004	Follow up home visit/prental	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	H2012	Behavioral health day treatment, per hour	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	H2014	Skills training and development, per 15 minutes	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	H2019	Therapeutic behavioral services, per 15 minutes	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Medical Procedure	H2020	Therapeutic behavioral services, per diem	N	N	CHANGE EFFECTIVE 1/1/2021 CODE	Interqual
Specialty Rx Drug	J0121	Injection, omadacycline, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0122	Injection, eravacycline, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0129	Abatacept (Orencia)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0130	Injection abxiximab, 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0135	Injection, adalimumab, 20 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0178	Injection, aflibercept, 1 mg (Eylea)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0179	Injection, brolicizumab-dbl, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0180	Injection, agalsidase beta, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0185	Injection, aprepitant, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0202	Injection, alemtuzumab, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0207	Injection, amifostine, 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0215	Injection, alefacept, 0.5 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0220	Injection, alglucosidase afa, 10 mg, not otherwise specified	Y	Y	Unlisted Drug Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0222	Injection, patisiran, 0.1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0223	Injection, givosiran, 0.5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Y	Y	Unlisted Drug Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0291	Injection, plazomicin, 5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0401	Inj aripiprazole ext rel 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0480	Injection, basiliximab, 20 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0490	Injection, belimumab, 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0565	Injection, bezlotoxumab, 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0567	Brineura (Cerliponase Alfa)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0586	INJECTION, ABOBUTULINUMTOXINA, 5 UNITS	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0588	INCOBOTULINUMTOXIN A	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0591	Injection, deoxycholic acid, 1 mg	Y	Y	Authorization Required Effective 8.1.2020	Interqual
Specialty Rx Drug	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0638	Injection, canakinumab, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0640	Injection, leucovorin calcium, per 50 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0717	Certolizumab pegol inj 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0791	Injection, crizanlizumab-tmca, 5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0800	H.P Acthar (Corticotropin)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0894	Injection, decitabine, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J0896	Injection, luspatercept-aamt, 0.25 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J0897	Injection, denosumab, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1050	Injection, medroxyprogesterone acetate, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1071	Injection, testosterone cypionate, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1190	Injection, dexrazoxane HCl, per 250 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1303	Injection, ravulizumab-cwvz, 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1322	Injection, etosulfase alfa, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1428	Injection, eteplirsen, 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1429	Injection, golodirsen, 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1442	Inj, filgrastim g-csf 1mcg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1447	Injection, tbo-filgrastim, 1 microgram	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1453	Injection, fosaprepitant, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1458	Exondys (Eteplirsen)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1460	Injection, gamma globulin, intramuscular, 1 cc	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1555	Injection, immune globulin (Cuvitru), 100 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1556	Inj, imm glob bivigam, 500mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1558	Injection, immune globulin (xembify), 100 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1559	Injection, immune globulin (Hizentra), 100 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1560	Injection, gamma globulin, intramuscular, over 10 cc	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1562	Injection, immune globulin (Vivaglobin), 100 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Y	Y	Unlisted Drug Code Effective 1/1/2021;	Interqual
Specialty Rx Drug	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1572	Injection, immune globulin, (Fiebogamma/Fiebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1575	Injection, immune globulin/hyaluronidase	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Y	Y	Unlisted Drug Code Effective 1/1/2021;	Interqual
Specialty Rx Drug	J1602	Golimumab for iv use 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1632	Zulresso (Brexanolone)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1670	Injection, tetanus immune globulin, human, up to 250 units	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1675	Injection, histrelin acetate, 10 mcg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1743	Injection, idursulfase, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1750	Iron dextran	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1751	Iron dextran 165 injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1752	Iron dextran 267 injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1756	Iron sucrose injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1786	Injection, imiglucerase, 10 units	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1826	Interferon Beta-1A inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1830	Interferon beta-1b / .25 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1931	Injection, laronidase, 0.1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2182	Nucala (Mepolizumab)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2323	Injection, natalizumab, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2326	Spinraza (Nusinersen)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2350	INJECTION, OCRELIZUMAB, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2425	Injection, palifermin, 50 mcg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2504	Injection, pegademase bovine, 25 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2505	Pegfilgrastim, 6mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J2783	INJECTION, RASBURICASE, 0.5 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 IU)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2791	Injection, Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual

Specialty Rx Drug	J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2797	Injection, rolapitant, 0.5 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2798	Injection, risperidone, (Perseris), 0.5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J2820	Leukine (Sargramostim)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2840	Injection, sebelipase alfa, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J2860	Injection, siltuximab, 10mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3032	Injection, eptinezumab-jjmr, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3060	Inj, taliglucerase alfa 10 u	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3111	Injection, romosozumab-aqag, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3121	Injection, testosterone enanthate, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3145	Injection, testosterone undecanoate, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3241	Injection, teprotumumab-trbw, 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3262	Injection, tocilizumab, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Y	Y	Unlisted Drug Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	J3315	Injection, triptorelin pamoate, 3.75 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3316	Injection, triptorelin, extended-release, 3.75 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3357	Injection, valubicin, intravesical, 200 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3358	Ustekinumab, for intravenous injection, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3385	Injection, velaglucerase alfa, 100 units	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3397	Injection, vestronidase alfa-vjkb, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3398	Luxturna (Voretigene)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3399	Injection, onasemnogene abeparovvec-xioi, per treatment, up to 5x10	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J3489	Injection, zoledronic acid, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J3490	Drugs, unclassified injection	Y	Y	Unlisted Drug Code Effective 9/1/2016	Interqual
Specialty Rx Drug	J3590	Unclassified biologics	Y	Y	Unlisted Drug Code Effective 3/1/2020; No	Interqual
Specialty Rx Drug	J3591	Unclassified drug or biological used for ESRD on dialysis	Y	Y	Unlisted Drug Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7170	Injection, emicizumab-kxwh, 0.5 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7175	Injection, Factor X, (human), 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7179	Injection, von Willebrand factor (recombinant), (Vonvend), 1 IU VWF:RCo	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCo	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCo	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7188	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7190	Factor VIII (antihemophilic factor, human) per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7191	Factor VIII (antihemophilic factor (porcine)), per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Y	Y	Unlisted Drug Code Effective 1/1/2021;	Interqual
Specialty Rx Drug	J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7194	Factor IX complex, per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7198	Antiinhibitor, per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7199	Hemophilia clotting factor, not otherwise classified	Y	Y	Unlisted Drug Code Effective 3/1/2020	Interqual
Specialty Rx Drug	J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebiny), 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aud, (Jivi), 1 IU	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7315	Mitomycin, ophthalmic, 0.2 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7316	Inj, ocriplasmin, 0.125 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7320	Genvisc 850 (sodium hyaluronate)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7321	Hyaluronan or deriv, Hyalgan or Supartz, per dose	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7322	Hyaluronan or deriv, Synvisc, per dose	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7323	Hyaluronan or deriv, Euflexa, per dose	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7324	Hyaluronan or deriv,Orthovisc per dose	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7326	GEL-ONE	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7327	Monovisc (high-molecular-weight hyaluronan)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7328	Hyaluronan or derivative, for intra-articular injection, 0.1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7331	Hyaluronan or derivative, SYNJOJOYNT, for intra-articular injection, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7333	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7401	Mometasone furoate sinus implant, 10 mcg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7505	Murmonab-CD3, parenteral, 5 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7513	Daclizumab, parenteral, 25 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7527	Afinitor (Everolimus)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J7599	Immunosuppressive drug, not otherwise classified	Y	Y	Unlisted Drug Code Effective 3/1/2020; No	Interqual
Specialty Rx Drug	J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J7699	NOC drugs, inhalation solution administered through DME	Y	Y	Unlisted Drug Code Effective 3/1/2020; No	Interqual
Specialty Rx Drug	J7799	NOC drugs, other than inhalation drugs, administered through DME	Y	Y	Unlisted Drug Code Effective 3/1/2020; No	Interqual
Specialty Rx Drug	J7999	Compounded drug, not otherwise classified	Y	Y	Unlisted Drug Code Effective 7/1/2016	Interqual
Specialty Rx Drug	J8498	Antiemetic drug, rectal/suppository, not otherwise specified	Y	Y	Unlisted Drug Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	J8499	Prescription drug, oral, nonchemotherapeutic, NOS	Y	Y	Unlisted Drug Code Effective 3/1/2020; No	Interqual
Specialty Rx Drug	J8501	Oral aprepitant	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8510	Oral busulfan	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8515	Cabergoline, oral 0.25mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8520	Capecitabine, oral, 150 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8521	Capecitabine, oral, 500 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8530	Cyclophosphamide oral 25 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8540	Oral dexamethasone	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8560	Etoposide oral 50 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8561	ORAL EVEROLIMUS	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8562	Oral fludarabine phosphate	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8565	Gefitinib oral	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8597	Antiemetic drug oral NOS	Y	Y	Unlisted Drug Code Effective 7/1/2010	Interqual
Specialty Rx Drug	J8600	Melphalan oral 2 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8610	Methotrexate oral 2.5 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8650	Nabilone oral	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8655	Netupitant 300mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8670	Rolapitant, oral, 1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J8700	Temozolomide	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8705	Topotecan oral	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J8999	Oral prescription drug chemo	Y	Y	Unlisted Drug Code Effective 7/1/2010	Interqual
Specialty Rx Drug	J9000	Doxorubicin hcl 10 MG vial chemo	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9015	Aldesleukin/single use vial	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9017	Arsenic trioxide	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9019	Erwinaze injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9020	Asparaginase injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9023	INJECTION, AVELUMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9025	Azacitidine injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9027	Clofarabine injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9032	Injection, belinostat, 10mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9033	Bendamustine injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9035	INJECTION, BEVACIZUMAB, 10 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	Y	Y	New Code Effective 1/1/2021 for both	Interqual

Specialty Rx Drug	J9040	Bleomycin sulfate injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9041	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9042	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9043	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9045	INJECTION, CABAZITAXEL, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9047	INJECTION, CARFILZOMIB, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9050	INJECTION, CARMUSTINE, 100 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9055	INJECTION, CETUXIMAB, 10 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9057	INJECTION, COPANLISIB, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9060	Cisplatin 10 MG injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9065	INJECTION, CLADRIBINE, PER 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9070	Cyclophosphamide 100 MG inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9098	Cytarabine liposome	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9100	Cytarabine hcl 100 MG inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9118	INJECTION, CALASPARGASE PEGOL-MKLN, 10 UNITS	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9119	INJECTION, CEMIPIMAB-RWLC, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9130	DACARBAZINE, 100 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9145	INJECTION, DARATUMUMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9150	INJECTION, DAUNORUBICIN, 10 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9155	INJECTION, DEGARELIX, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9170	Cyclophosphamide, 100 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9171	INJECTION, DOCEAXEL, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9173	INJECTION, DURVALUMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9175	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9176	INJECTION, ELOTUZUMAB, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9177	Injection, enfortumab vedotin-efjv, 0.25 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9178	INJECTION, EPIRUBICIN HCL, 2 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9181	Etoposide 10 MG inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9185	Fludarabine phosphate inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9190	Fluorouracil injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9200	Floxuridine injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9201	Gemcitabine HCl	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9202	Goserelin acetate implant	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9204	Injection, mogamulizumab-kpkc, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9206	INJECTION, IRINOTECAN, 20 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9207	INJECTION, IXABEPILONE, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9209	INJECTION, MESNA, 200 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9212	Interferon alfacon-1	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9213	Interferon alfa-2a inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9214	Interferon alfa-2b inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9215	Interferon alfa-n3 inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9216	Interferon gamma 1-b inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9217	Leuprolide acetate suspnsion	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9218	Leuprolide acetate injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9219	Leuprolide acetate implant	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9225	Histrelin implant (Vantas), 50 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9226	Histrelin implant (Supprelin LA), 50 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9227	Injection, isatuximab-irc, 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9228	IPILUMUMAB INJECTION	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9230	Mechlorethamine hcl inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9245	Inj melphalan hydrochl 50 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9246	Injection, melphalan (Evomela), 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9250	Methotrexate sodium inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9260	Methotrexate sodium inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9261	Nelarabine injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9262	Inj, omacetaxine mep, 0.01mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9263	Oxaliplatin	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9264	Paclitaxel protein bound	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9266	Pegaspargase/singl dose vial	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9267	INJECTION, PACLITAXEL, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9268	Pentostatin injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9269	Injection, tagraxofusp-erzs, 10 mcg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9270	Plicamycin (mithramycin) inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9271	Injection, pembrolizumab, 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9280	Mitomycin 5 MG inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9285	INJECTION, OLARATUMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9293	Mitoxantrone hydrochl / 5 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9295	INJECTION, NECITUMUMAB, 1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9299	Injection, nivolumab, 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9301	INJECTION, OBINUTUZUMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9302	Ofatumumab injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9303	Injection, Panitumumab 10mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9304	Injection, pemetrexed (Pemfexy), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9305	Pemetrexed injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9306	Injection, pertuzumab, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9307	Pralatrexate injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9308	Injection, ramucirumab, 5mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9309	Injection, polatumumab vedotin-piiq, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9312	INJECTION, RITUXIMAB, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9315	Romidepsin injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9320	Streptozocin injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9330	Temsirolimus injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9340	Thiotepa injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9351	Topotecan injection	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9352	INJECTION, TRABECTEDIN, 0.1 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9354	Inj, ado-trastuzumab emt 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9355	Trastuzumab	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oyk	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9357	Valrubicin, 200 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9360	Vinblastine sulfate inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9370	Vincristine sulfate 1 MG inj	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9371	Inj, vincristine sul lip 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9390	Vinorelbine tartrate/10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9395	Injection, Fulvestrant	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9400	Injection, ziv-aflibercept, 1 mg (Zaltrap)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	J9400	Inj, ziv-aflibercept, 1mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9600	Porfimer sodium	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	J9999	Chemotherapy drug	Y	Y	Unlisted Drug Code Effective 9/1/2016	Interqual
Durable Medical Equipment	K0001	Standard wheelchair	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	K0002	Standard hemi (low seat) wheelchair	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	K0003	Lightweight wheelchair	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	K0004	High strength, lightweight wheelchair	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	K0005	Ultralightweight wheelchair	Y	Y	Change DME Code Effectived 1/1/2021;	Interqual
Durable Medical Equipment	K0006	Heavy duty wheelchair	Y	Y	Change DME Code Effectived 1/1/2021;	Interqual
Durable Medical Equipment	K0007	Extra heavy duty wheelchair	Y	Y	Change DME Code Effectived 1/1/2021;	Interqual
Durable Medical Equipment	K0008	Other manual wheelchair/base	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual
Durable Medical Equipment	K0009	Other manual wheelchair/base	Y	Y	Change - Effective 1/1/2021 - DME Item	Interqual

Durable Medical Equipment	K0010	Standard - weight frame motorized/power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment,	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0012	Lightweight portable motorized/power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0013	Custom power wheelchair base	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0014	Other motorized/power wheelchair base	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0108	Wheelchair component or accessory, not otherwise specified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0462	Temporary replacement for patient-owned equipment being repaired, any type	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0812	Power operated vehicle, not otherwise classified	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 po	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pound	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 po	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 p	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pound	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 p	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and includ	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0843	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0848	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0849	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0850	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0851	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0852	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0853	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0854	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0855	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0856	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0857	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0858	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0859	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0860	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0861	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0862	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0863	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0864	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0868	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0869	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0870	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0871	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0877	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0878	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0879	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0880	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0884	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0885	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0886	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0890	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0891	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0898	Power wheelchair	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0899	Power wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K0900	Custom DME other than wheelchair	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1003	Whirlpool tub, walk in, portable	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1009	Speech volume modulation system, any type, including all components and accessories	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1011	Activation device for intraurethral drainage device with valve, replacement only, each	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	K1012	Charger and base station for intraurethral activation device, replacement only	Y	Y	Change DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L0112	Cranial cervical orthosis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0113	Cranial cervical torticollis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0120	Cerv flexible non-adjustable	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0130	Flex thermoplastic collar mo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0140	Cervical semi-rigid adjustab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0150	Cerv semi-rig adj molded chn	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0160	Cerv semi-rig wire occ/mand	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0170	Cervical collar molded to pt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0172	Cerv col thermplas foam 2 pi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0174	Cerv col foam 2 piece w thor	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0180	Cer post col occ/man sup adj	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0190	Cerv collar supp adj cerv ba	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0200	Cerv col supp adj bar & thor	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0210	Thoracic rib belt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0220	Thor rib belt custom fabrica	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0450	TLSO flex prefab thoracic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0452	Tlso flex custom fab thoraci	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0454	TLSO flex prefab sacrococ-T9	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0455	Tlso flex trnk sj-t9 pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0456	TLSO flex prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0457	Tlso flex trnk sj-ss pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0458	TLSO 2Mod symphis-xipho pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0460	TLSO2Mod symphis-stern pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0462	TLSO 3Mod sacro-scap pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0464	TLSO 4Mod sacro-scap pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0466	TLSO rigid frame pre soft ap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0467	Tlso r fram soft pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0468	TLSO rigid frame prefab pelv	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0469	Tlso rig fram pelvic pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0470	TLSO rigid frame pre subclav	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0472	TLSO rigid frame hyperex pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0480	TLSO rigid plastic custom fa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0482	TLSO rigid lined custom fab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0484	TLSO rigid plastic cust fab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0486	TLSO rigidlined cust fab two	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0488	TLSO rigid lined pre one pie	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0490	TLSO rigid plastic pre one	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0491	TLSO 2 piece rigid shell	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0492	TLSO 3 piece rigid shell	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0621	SIO flex pelvisacral prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0622	SIO flex pelvisacral custom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0623	SIO panel prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0624	SIO panel custom	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L0625	LO flexibl L1-below L5 pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0626	LO sag stays/panels pre-fab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0627	LO sagitt rigid panel prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0628	LO flex w/o rigid stays pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0629	LSO flex w/rigid stays cust	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0630	LSO post rigid panel pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0631	LSO sag-coro rigid frame pre	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0632	LSO sag rigid frame cust	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0633	LSO flexion control prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0634	LSO flexion control custom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0635	LSO sagitt rigid panel prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0636	LSO sagittal rigid panel cus	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0637	LSO sag-coronal panel prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0638	LSO sag-coronal panel custom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0639	LSO s/c shell/panel prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0640	LSO s/c shell/panel custom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0641	Lo rig pos pnl 11-15 pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0642	Lo sag ri an/pos pnl pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0643	Lso sag ctr rigi pos pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0648	Lso sag r an/pos pnl pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0649	Lso sc r pos/lat pnl pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0650	Lso sc r ant/pos pnl pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0651	Lso sag-co shell pnl pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0700	CtIso a-p-l control molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0710	CtIso a-p-l control w/ inter	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0810	Halo cervical into jckt vest	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0820	Halo cervical into body jack	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0830	Halo cerv into milwaukee typ	Y	Y	Change Effective 1/1/2021 -	Interqual
Medical Procedure	L0859	MRI compatible system	Y	Y	No authorization is required for charges	Interqual
Orthotics/Prosthetic	L0861	Halo repl liner/interface	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0970	Tlso corset front	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0972	Lso corset front	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0974	Tlso full corset	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0976	Lso full corset	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0978	Axillary crutch extension	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0980	Peroneal straps pair	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0982	Stocking supp grips set of f	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0984	Protective body sock each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L0999	Add to spinal orthosis NOS	Y	Y	Unlisted Orthotic/Prosthetic Code	Interqual
Orthotics/Prosthetic	L1000	CtIso milwauke initial model	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1001	CTLSO infant immobilizer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1005	Tension based scoliosis orth	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1010	CtIso axilla sling	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1020	Kyphosis pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1025	Kyphosis pad floating	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1030	Lumbar bolster pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1040	Lumbar or lumbar rib pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1050	Sternal pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1060	Thoracic pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1070	Trapezius sling	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1080	Outrigger	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1085	Outrigger bil w/ vert extens	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1090	Lumbar sling	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1100	Ring flange plastic/leather	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1110	Ring flange plas/leather mol	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1120	Covers for upright each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1200	Furnsh initial orthosis only	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1210	Lateral thoracic extension	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1220	Anterior thoracic extension	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1230	Milwaukee type superstructur	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1240	Lumbar derotation pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1250	Anterior asis pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1260	Anterior thoracic derotation	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1270	Abdominal pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1280	Rib gusset (elastic) each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1290	Lateral trochanteric pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1300	Body jacket mold to patient	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1310	Post-operative body jacket	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L1499	Spinal orthosis NOS	Y	Y	Unlisted DME Code Effectived 1/1/2021;	Interqual
Orthotics/Prosthetic	L1600	Abduct hip flex frejka w cvr	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1610	Abduct hip flex frejka covr	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1620	Abduct hip flex pavlik harne	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1630	Abduct control hip semi-flex	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1640	Pelv band/spread bar thigh c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1650	HO abduction hip adjustable	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1652	HO bi thighcuffs w sprdr bar	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1660	HO abduction static plastic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1680	Pelvic & hip control thigh c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1685	Post-op hip abduct custom fa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1686	HO post-op hip abduction	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1690	Combination bilateral HO	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1700	Leg perthes orth toronto typ	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1710	Legg perthes orth newington	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1720	Legg perthes orthosis trilat	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1730	Legg perthes orth scottish r	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1755	Legg perthes patten bottom t	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1800	Knee orthoses elas w stays	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1810	Ko elastic with joints	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1812	Ko elastic w/joints pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1815	Elastic with condylar pads	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1820	Ko elas w/ condyle pads & jo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1830	Ko immobilizer canvas longit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1831	Knee orth pos locking joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1832	KO adj jnt pos rigid support	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1833	Ko adj jnt pos r sup pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1834	Ko w/O joint rigid molded to	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1836	Rigid KO wo joints	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1840	Ko derot ant cruciate custom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1843	KO single upright custom fit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1844	Ko w/adj jt rot cntrl molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1845	Ko w/ adj flex/ext rotat cus	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1846	Ko w adj flex/ext rotat mold	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1847	KO adjustable w air chambers	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1848	Ko dbl upright w/air pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1850	Ko swedish type	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric),	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric),	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1855	Ko plas doub upright jnt mol	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1858	Ko polycentric pneumatic pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1860	Ko supracondylar socket mold	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1870	Ko doub upright lacers molde	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1880	Ko doub upright cuffs/lacers	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1885	Knee upright w/resistance	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1900	Afo sprng wir drsflx calf bd	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1901	Prefab ankle orthosis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1902	Afo ankle gauntlet	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1904	Afo molde ankle gauntlet	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1906	Afo multiligamentus ankle su	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1907	AFO supramalleolar custom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1910	Afo sing bar clasp attach sh	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1920	Afo sing upright w/ adjust s	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1930	Afo plastic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1932	Afo rig ant tib prefab TCF/=	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1940	Afo molded to patient plasti	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1945	Afo molded plas rig ant tib	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1950	Afo spiral molded to pt plas	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L1951	AFO spiral prefabricated	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1960	Afo pos solid ank plastic mo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1970	Afo plastic molded w/ankle j	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1971	AFO w/ankle joint, prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1980	Afo sing solid stirrup calf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L1990	Afo doub solid stirrup calf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2000	Kafo sing fre stirr thi/calf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2005	KAFO sng/dbl mechanical act	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2010	Kafo sng solid stirrup w/o j	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2020	Kafo dbl solid stirrup band/	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2030	Kafo dbl solid stirrup w/o j	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2034	KAFO pla sin up w/wo k/a cus	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2035	KAFO plastic pediatric size	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2036	Kafo plas doub free knee mol	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2037	Kafo plas sing free knee mol	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2038	Kafo w/o joint multi-axis an	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2040	Hkafo torsion bil rot straps	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2050	Hkafo torsion cable hip pelv	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2060	Hkafo torsion ball bearing j	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2070	Hkafo torsion unilat rot str	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2080	Hkafo unilat torsion cable	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2090	Hkafo unilat torsion ball br	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2106	Afo tib fx cast plaster mold	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2108	Afo tib fx cast molded to pt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2112	Afo tibial fracture soft	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2114	Afo tib fx semi-rigid	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2116	Afo tibial fracture rigid	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2126	Kafo fem fx cast thermoplas	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2128	Kafo fem fx cast molded to p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2132	Kafo femoral fx cast soft	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2134	Kafo fem fx cast semi-rigid	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2136	Kafo femoral fx cast rigid	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2180	Plas shoe insert w ank joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2182	Drop lock knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2184	Limited motion knee joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2186	Adj motion knee jint lerman t	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2188	Quadrilateral brim	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2190	Waist belt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2192	Pelvic band & belt thigh fla	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2200	Limited ankle motion ea jnt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2210	Dorsiflexion assist each joi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2220	Dorsi & plantar flex ass/res	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2230	Split flat caliper stirr & p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2232	Rocker bottom, contact AFO	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2240	Round caliper and plate atta	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2250	Foot plate molded stirrup at	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2260	Reinforced solid stirrup	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2265	Long tongue stirrup	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2270	Varus/valgus strap padded/li	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2275	Plastic mod low ext pad/line	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2280	Molded inner boot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2300	Abduction bar jointed adjust	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2310	Abduction bar-straight	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2320	Non-molded lacer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2330	Lacer molded to patient mode	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2335	Anterior swing band	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2340	Pre-tibial shell molded to p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2350	Prosthetic type socket molde	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2360	Extended steel shank	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2370	Patten bottom	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2375	Torsion ank & half solid sti	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2380	Torsion straight knee joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2385	Straight knee joint heavy du	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2387	Add LE poly knee custom KAFO	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2390	Offset knee joint each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2395	Offset knee joint heavy duty	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2397	Suspension sleeve lower ext	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2405	Knee joint drop lock ea jnt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2415	Knee joint cam lock each joi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2425	Knee disc/dial lock/adj flex	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2430	Knee jint ratchet lock ea jnt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2492	Knee lift loop drop lock rin	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2500	Thi/glut/ischia wgt bearing	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2510	Th/wght bear quad-lat brim m	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2520	Th/wght bear quad-lat brim c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2525	Th/wght bear nar m-l brim mo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2526	Th/wght bear nar m-l brim cu	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2530	Thigh/wght bear lacer non-mo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2540	Thigh/wght bear lacer molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2550	Thigh/wght bear high roll cu	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2570	Hip clevis type 2 posit jnt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2580	Pelvic control pelvic sling	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2600	Hip clevis/thrust bearing fr	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2610	Hip clevis/thrust bearing lo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2620	Pelvic control hip heavy dut	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2622	Hip joint adjustable flexion	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2624	Hip adj flex ext abduct cont	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2627	Plastic mold recipro hip & c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2628	Metal frame recipro hip & ca	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2630	Pelvic control band & belt u	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2640	Pelvic control band & belt b	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2650	Pelv & thor control gluteal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2660	Thoracic control thoracic ba	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2670	Thorac cont paraspinal uprig	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2680	Thorac cont lat support upri	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2750	Plating chrome/nickel pr bar	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2755	Carbon graphite lamination	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2760	Extension per extension per	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2768	Ortho sidebar disconnect	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2780	Non-corrosive finish	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2785	Drop lock retainer each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2795	Knee control full kneecap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2800	Knee cap medial or lateral p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2810	Knee control condylar pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2820	Soft interface below knee se	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2830	Soft interface above knee se	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2840	Tibial length sock fx or equ	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2850	Femoral lgth sock fx or equa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L2999	Lower extremity orthosis NOS	Y	Y	Unlisted Orthotic/Prosthetic Code	Interqual
Orthotics/Prosthetic	L3000	Ft insert ucb berkeley shell	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3001	Foot insert remov molded spe	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3002	Foot insert plastazote or eq	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3003	Foot insert silicone gel eac	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3010	Foot longitudinal arch suppo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3020	Foot longitud/metatarsal sup	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3030	Foot arch support remov prem	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3031	Foot lamin/prepreg composite	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3040	Ft arch suprt premold longit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3050	Foot arch supp premold metat	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3060	Foot arch supp longitud/meta	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3070	Arch suprt att to sho longit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3080	Arch supp att to shoe metata	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3090	Arch supp att to shoe long/m	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3100	Hallus-valgus nght dynamic s	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L3140	Abduction rotation bar shoe	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3150	Abduct rotation bar w/o shoe	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3160	Shoe styled positioning dev	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3170	Foot plastic heel stabilizer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3201	Oxford w supinat/pronator inf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3202	Oxford w/ supinat/pronator c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3203	Oxford w/ supinator/pronator	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3204	Hightop w/ supp/pronator inf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3206	Hightop w/ supp/pronator chi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3207	Hightop w/ supp/pronator jun	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3208	Surgical boot each infant	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3209	Surgical boot each child	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3211	Surgical boot each junior	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3212	Benesch boot pair infant	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3213	Benesch boot pair child	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3214	Benesch boot pair junior	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3215	Orthopedic ftwear ladies oxf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3216	Orthoped ladies shoes dpth i	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3217	Ladies shoes hightop depth i	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3219	Orthopedic mens shoes oxford	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3221	Orthopedic mens shoes dpth i	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3222	Mens shoes hightop depth inl	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3224	Woman's shoe oxford brace	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3225	Man's shoe oxford brace	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3230	Custom shoes depth inlay	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3250	Custom mold shoe remov prost	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3251	Shoe molded to pt silicone s	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3252	Shoe molded plastazote cust	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3253	Shoe molded plastazote cust	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3254	Orth foot non-standard size/w	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3255	Orth foot non-standard size/	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3257	Orth foot add charge split s	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3260	Ambulatory surgical boot eac	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3265	Plastazote sandal each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3300	Sho lift taper to metatarsal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3310	Shoe lift elev heel/sole neo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3320	Shoe lift elev heel/sole cor	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3330	Lifts elevation metal extens	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3332	Shoe lifts tapered to one-ha	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3334	Shoe lifts elevation heel /i	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3340	Shoe wedge sach	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3350	Shoe heel wedge	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3360	Shoe sole wedge outside sole	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3370	Shoe sole wedge between sole	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3380	Shoe clubfoot wedge	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3390	Shoe outflare wedge	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3400	Shoe metatarsal bar wedge ro	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3410	Shoe metatarsal bar between	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3420	Full sole/heel wedge btween	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3430	Sho heel count plast reinfor	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3440	Heel leather reinforced	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3450	Shoe heel sach cushion type	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3455	Shoe heel new leather standa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3460	Shoe heel new rubber standar	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3465	Shoe heel thomas with wedge	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3470	Shoe heel thomas extend to b	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3480	Shoe heel pad & depress for	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3485	Shoe heel pad removable for	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3500	Ortho shoe add leather insol	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3510	Orthopedic shoe add rub insl	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3520	O shoe add felt w leath insl	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3530	Ortho shoe add half sole	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3540	Ortho shoe add full sole	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3550	O shoe add standard toe tap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3560	O shoe add horseshoe toe tap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3570	O shoe add instep extension	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3580	O shoe add instep velcro clo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3590	O shoe convert to sof counte	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3595	Ortho shoe add march bar	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3600	Trans shoe calip plate exist	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3610	Trans shoe caliper plate new	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3620	Trans shoe solid stirrup exi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3630	Trans shoe solid stirrup new	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3640	Shoe dennis browne splint bo	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L3649	Orthopedic shoe modifica NOS	Y	Y	Unlisted DME Code Effectived 1/1/2021;	Interqual
Orthotics/Prosthetic	L3650	Shlder fig 8 abduct restrain	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3660	Abduct restrainer canvas&web	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3670	Acromio/clavicular canvas&we	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3671	SO cap design w/o jnts CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3674	SO airplane w/wo joint CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3675	Canvas vest SO	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3677	SO hard plastic stabilizer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3702	EO w/o joints CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3710	Elbow elastic with metal joi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3720	Forearm/arm cuffs free motio	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3730	Forearm/arm cuffs ext/flex a	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3740	Cuffs adj lock w/ active con	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3760	EO withjoint, Prefabricated	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3762	Rigid EO wo joints	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3763	EWHO rigid w/o jnts CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3764	EWHO w/joint(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3765	EWHFO rigid w/o jnts CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3766	EWHFO w/joint(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3806	WHFO w/joint(s) custom fab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3807	WHFO,no joint, prefabricated	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3808	WHFO, rigid w/o joints	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3809	Who w/o joints pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3900	Hinge extension/flex wrist/f	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3901	Hinge ext/flex wrist finger	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3902	Who ext power compress gas	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3904	Who electric custom fitted	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3905	WHO w/nontorsion jnt(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3906	WHO w/o joints CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3908	Wrist cock-up non-molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3912	Flex glove w/elastic finger	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3913	HFO w/o joints CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3915	WHO w nontor jnt(s) prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3916	Who wrist extens w/ outrigg	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3917	Prefab metacarpal fx orthosis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3918	HFO knuckle bender	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3919	HO w/o joints CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3921	HFO w/joint(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3923	HFO w/o joints PF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3924	Oppenheimer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3925	Finger orthotic, PIP, DIP, nontrsn joint, spring, exte/flex	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3927	Finger orthotic, PIP, DIP, w/o joint, spring, extension/flex	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3929	Hand/finger orthotic, w/o joints, may Incl soft interface	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3930	Finger extension with wrist	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3931	Wrist-hand finger orthotic, 1 or more nontorsion joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3933	FO w/o joints CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3935	FO nontorsion joint CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3956	Add joint upper ext orthosis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3960	Sewho airplan desig abdu pos	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3961	SEWHO cap design w/o jnts CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3962	Sewho erbs palsey design abd	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L3967	SEWHO airplane w/o jnts CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3971	SEWHO cap design w/jnt(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3973	SEWHO airplane w/jnt(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3975	SEWHFO cap design w/o jnt CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3976	SEWHFO airplane w/o jnts CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3977	SEWHFO cap desgn w/jnt(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3978	SEWHFO airplane w/jnt(s) CF	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3980	Upp ext fx orthosis humeral	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3982	Upper ext fx orthosis rad/ul	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3984	Upper ext fx orthosis wrist	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L3995	Sock fracture or equal each	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L3999	Upper limb orthosis NOS	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L4000	Repl girdle milwaukee orth	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4002	Replace strap, any orthosis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4010	Replace trilateral socket br	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4020	Replace quadlat socket brim	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4030	Replace socket brim cust fit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4040	Replace molded thigh lacer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4045	Replace non-molded thigh lac	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4050	Replace molded calf lacer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4055	Replace non-molded calf lace	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4060	Replace high roll cuff	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4070	Replace prox & dist upright	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4080	Repl met band kafo-af0 prox	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4090	Repl met band kafo-af0 calf/	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4100	Repl leath cuff kafo prox th	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4110	Repl leath cuff kafo-af0 cal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4130	Replace pretibial shell	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4205	Ortho dvc repair per 15 min	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4210	Orth dev repair/repl minor p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4350	Ankle control orthosi prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4360	Pneumati walking boot prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4361	Pneuma/vac walk boot pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4370	Pneumatic full leg splint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4386	Non-pneum walk boot prefab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4387	Non-pneum walk boot pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4392	Replace AFO soft interface	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4394	Replace foot drop spint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOTIC (AFO), INCLUDING SOFT	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4397	Static or dynami af0 pre ots	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4398	Foot drop splint recumbent	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L4631	Afo, walk boot type, cus fab	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5000	Sho insert w arch toe filler	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5010	Mold socket ank hgt w/ toe f	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5020	Tibial tubercle hgt w/ toe f	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5050	Ank symes mold sckt sach ft	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5060	Symes met fr leath socket ar	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5100	Molded socket shin sach foot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5105	Plast socket jts/thgh lacer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5150	Mold sckt ext knee shin sach	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5160	Mold socket bent knee shin s	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5200	Kne sing axis fric shin sach	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5210	No knee/ankle joints w/ ft b	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5220	No knee joint with artic all	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5230	Fem focal defic constant fri	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5250	Hip canad sing axi cons fric	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5270	Tilt table locking hip sing	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5280	Hemipelvect canad sing axis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5301	BK mold socket SACH ft endo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5312	KNEE DISART, SACH FT, ENDO	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5321	AK open end SACH	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5331	Hip disart canadian SACH ft	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5341	Hemipelvectomy canadian SACH	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5400	Postop dress & 1 cast chg bk	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5410	Postop dsg bk ea add cast ch	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5420	Postop dsg & 1 cast chg ak/d	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5430	Postop dsg ak ea add cast ch	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5450	Postop app non-wgt bear dsg	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5460	Postop app non-wgt bear dsg	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5500	Init bk ptb plaster direct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5505	Init ak ischal plstr direct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5510	Prep BK ptb plaster molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5520	Perp BK ptb thermopls direct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5530	Prep BK ptb thermopls molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5535	Prep BK ptb open end socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5540	Prep BK ptb laminated socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5560	Prep AK ischal plast molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5570	Prep AK ischal direct form	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5580	Prep AK ischal thermo mold	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5585	Prep AK ischal open end	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5590	Prep AK ischal laminated	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5595	Hip disartic sach thermopls	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5600	Hip disart sach laminat mold	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5610	Above knee hydracadence	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5611	Ak 4 bar link w/fric swing	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5613	Ak 4 bar ling w/hydraul swig	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5614	4-bar link above knee w/swng	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5616	Ak univ multiplex sys frict	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5617	AK/BK self-aligning unit ea	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5618	Test socket symes	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5620	Test socket below knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5622	Test socket knee disarticula	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5624	Test socket above knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5626	Test socket hip disarticulat	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5628	Test socket hemipelvectomy	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5629	Below knee acrylic socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5630	Syme typ expandabl wall sckt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5631	Ak/knee disartic acrylic soc	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5632	Symes type ptb brim design s	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5634	Symes type poster opening so	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5636	Symes type medial opening so	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5637	Below knee total contact	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5638	Below knee leather socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5639	Below knee wood socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5640	Knee disarticulat leather so	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5642	Above knee leather socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5643	Hip flex inner socket ext fr	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5644	Above knee wood socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5645	Bk flex inner socket ext fra	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5646	Below knee cushion socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5647	Below knee suction socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5648	Above knee cushion socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5649	Isch containmt/narrow m-l so	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5650	Tot contact ak/knee disart s	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5651	Ak flex inner socket ext fra	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5652	Suction susp ak/knee disart	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5653	Knee disart expand wall sock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5654	Socket insert symes	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5655	Socket insert below knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5656	Socket insert knee articulata	Y	Y	No authorization is required for charges	Interqual
Orthotics/Prosthetic	L5658	Socket insert above knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5661	Multi-durometer symes	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5665	Multi-durometer below knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5666	Below knee cuff suspension	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5668	Socket insert w/o lock lower	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5670	Bk molded supracondylar susp	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L5671	BK/AK locking mechanism	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5672	Bk removable medial brim sus	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5673	Socket insert w lock mech	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5676	Bk knee joints single axis p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5677	Bk knee joints polycentric p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5678	Bk joint covers pair	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5679	Socket insert w/o lock mech	Y	Y	No authorization is required for charges	Interqual
Orthotics/Prosthetic	L5680	Bk thigh lacer non-molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5681	Intl custm cong/latyp insert	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5682	Bk thigh lacer glut/ischia m	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5683	Initial custom socket insert	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5684	Bk fork strap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5685	Below knee sus/seal sleeve	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5686	Bk back check	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5688	Bk waist belt webbing	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5690	Bk waist belt padded and lin	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5692	Ak pelvic control belt light	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5694	Ak pelvic control belt pad/l	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5695	Ak sleeve susp neoprene/equa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5696	Ak/knee disartic pelvic join	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5697	Ak/knee disartic pelvic band	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5698	Ak/knee disartic slesian ba	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5699	Shoulder harness	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5700	Replace socket below knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5701	Replace socket above knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5702	Replace socket hip	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5703	Symes ankle w/o (SACH) foot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5704	Custom shape cover BK	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5705	Custom shape cover AK	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5706	Custom shape cvr knee disart	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5707	Custom shape cvr hip disart	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5710	Knee-shin exo sng axi mnl loc	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5711	Knee-shin exo mnl lock ultra	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5712	Knee-shin exo frict swg & st	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5714	Knee-shin exo variable frict	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5716	Knee-shin exo mech stance ph	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5718	Knee-shin exo frct swg & sta	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5722	Knee-shin pneum swg frct exo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5724	Knee-shin exo fluid swing ph	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5726	Knee-shin ext jnts fld swg e	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5728	Knee-shin fluid swg & stance	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5780	Knee-shin pneum/hydra pneum	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5781	Lower limb pros vacuum pump	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5782	HD low limb pros vacuum pump	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5785	Exoskeletal bk ultralt mater	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5790	Exoskeletal ak ultra-light m	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5795	Exoskel hip ultra-light mate	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5810	Endoskel knee-shin mnl lock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5811	Endo knee-shin mnl lck ultra	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5812	Endo knee-shin frct swg & st	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5814	Endo knee-shin hydral swg ph	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5816	Endo knee-shin polyc mch sta	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5818	Endo knee-shin frct swg & st	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5822	Endo knee-shin pneum swg frc	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5824	Endo knee-shin fluid swing p	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5826	Miniature knee joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5828	Endo knee-shin fluid swg/sta	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5830	Endo knee-shin pneum/swg pha	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5840	Multi-axial knee/shin system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5845	Knee-shin sys stance flexion	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5848	Knee-shin sys hydraul stance	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5850	Endo ak/hip knee extens assi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5855	Mech hip extension assist	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5856	Elec knee-shin swing/stance	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5857	Elec knee-shin swing only	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5858	Stance phase only	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5859	Knee-shin pro flex/ext cont	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5910	Endo below knee alignable sy	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5920	Endo ak/hip alignable system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5925	Above knee manual lock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5930	High activity knee frame	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5940	Endo bk ultra-light material	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5950	Endo ak ultra-light material	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5960	Endo hip ultra-light materia	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5961	Endo poly hip, pneu/hyd/rot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5962	Below knee flex cover system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5964	Above knee flex cover system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5966	Hip flexible cover system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5968	Multi-axial ankle w dorsiflex	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5969	Ak/ft power asst incl motors	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5970	Foot external keel sach foot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5971	SACH foot, replacement	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5972	Flexible keel foot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FE	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5974	Foot single axis ankle/foot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5975	Combo ankle/foot prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5976	Energy storing foot	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5978	Ft prosth multi-axial ankl/ft	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5979	Multi-axial ankle/ft prosth	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5980	Flex foot system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5981	Flex-walk sys low ext prosth	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5982	Exoskeletal axial rotation u	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5984	Endoskeletal axial rotation	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5985	Lwr ext dynamic prosth pylon	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5986	Multi-axial rotation unit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5987	Shank ft w vert load pylon	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5988	Vertical shock reducing pylo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L5990	User adjustable heel height	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L5999	Lowr extremity prosthesis NOS	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L6000	Par hand robin-aids thum rem	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6010	Hand robin-aids little/ring	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6020	Part hand robin-aids no fing	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6050	Wrst Mld sck fix hng tri pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6055	Wrst mold sock w/exp interfa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6100	Elb mold sock flex hinge pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6110	Elbow mold sock suspension t	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6120	Elbow mold doub split soc ste	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6130	Elbow stump activated lock h	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6200	Elbow mold outsid lock hinge	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6205	Elbow molded w/ expand inter	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6250	Elbow inter loc elbow forarm	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6300	Shlder disart int lock elbow	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6310	Shoulder passive restor comp	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6320	Shoulder passive restor cap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6350	Thoracic intern lock elbow	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6360	Thoracic passive restor comp	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6370	Thoracic passive restor cap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6380	Postop dsg cast chg wrst/elb	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6382	Postop dsg cast chg elb dis/	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6384	Postop dsg cast chg shlder/t	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6386	Postop ea cast chg & realign	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6388	Postop applicat rigid dsg on	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6400	Below elbow prosth tiss shap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6450	Elb disart prosth tiss shap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6500	Above elbow prosth tiss shap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6550	Shldr disart prosth tiss shap	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L6570	Scap thorac prosth tiss shap	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6580	Wrist/elbow bowden cable mol	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6582	Wrist/elbow bowden cbl dir f	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6584	Elbow fair lead cable molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6586	Elbow fair lead cable dir fo	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6588	Shdr fair lead cable molded	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6590	Shdr fair lead cable direct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6600	Polycentric hinge pair	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6605	Single pivot hinge pair	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6610	Flexible metal hinge pair	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6611	Additional switch, ext power	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6615	Disconnect locking wrist uni	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6616	Disconnect insert locking wr	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6620	Flexion/extension wrist unit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6621	Flex/ext wrist w/wo friction	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6623	Spring-ass rot wrst w/ latch	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6624	Flex/ext/rotation wrist unit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6625	Rotation wrst w/ cable lock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6628	Quick disconn hook adapter o	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6629	Lamination collar w/ couplin	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6630	Stainless steel any wrist	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6632	Latex suspension sleeve each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6635	Lift assist for elbow	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6637	Nudge control elbow lock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6638	Elec lock on manual pw elbow	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6640	Shoulder abduction joint pai	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6641	Excursion amplifier pulley t	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6642	Excursion amplifier lever ty	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6645	Shoulder flexion-abduction j	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6646	Multipo locking shoulder jnt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6647	Shoulder lock actuator	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6648	Ext pwrd shlder lock/unlock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6650	Shoulder universal joint	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6655	Standard control cable extra	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6660	Heavy duty control cable	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6665	Teflon or equal cable lining	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6670	Hook to hand cable adapter	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6672	Harness chest/shlder saddle	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6675	Harness figure of 8 sing con	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6676	Harness figure of 8 dual con	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6677	UE triple control harness	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6680	Test sock wrist disart/bel e	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6682	Test sock elbw disart/above	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6684	Test socket shldr disart/tho	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6686	Suction socket	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6687	Frame typ socket bel elbow/w	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6688	Frame typ sock above elb/dis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6689	Frame typ socket shoulder di	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6690	Frame typ sock interscap-tho	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6691	Removable insert each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6692	Silicone gel insert or equal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6693	Lockingelbow forearm cntrbal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6694	Elbow socket ins use w/lock	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6695	Elbow socket ins use w/o lck	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6696	Cus elbo sct in for con/atyp	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6697	Cus elbo sct in not con/atyp	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6698	Below/above elbow lock mech	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6703	Term dev, passive hand mitt	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6704	Term dev, sport/rec/work att	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6706	Term dev mech hook vol open	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6707	Term dev mech hook vol close	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6708	Term dev mech hand vol open	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6709	Term dev mech hand vol close	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6711	Ped term dev, hook, vol open	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6712	Ped term dev, hook, vol clos	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6713	Ped term dev, hand, vol open	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6714	Ped term dev, hand, vol clos	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6721	Hook/hand, hvy dty, vol open	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6722	Hook/hand, hvy dty, vol clos	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6805	Term dev modifier wrist unit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6810	Term dev precision pinch dev	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6881	Term dev auto grasp feature	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6882	Microprocessor control uplmb	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6883	Replc sockt below e/w disa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6884	Replc sockt above elbow disa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6885	Replc sockt shldr dis/interc	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6890	Prefab glove for term device	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6895	Custom glove for term device	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6900	Hand restorat thumb/1 finger	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6905	Hand restoration multiple fi	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6910	Hand restoration no fingers	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6915	Hand restoration replacmnt g	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6920	Wrist disarticul switch ctrl	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6925	Wrist disart myoelectronic c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6930	Below elbow switch control	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6935	Below elbow myoelectronic ct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6940	Elbow disarticulation switch	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6945	Elbow disart myoelectronic c	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6950	Above elbow switch control	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6955	Above elbow myoelectronic ct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6960	Shldr disartic switch contro	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6965	Shldr disartic myoelectronic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6970	Interscapular-thor switch ct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L6975	Interscap-thor myoelectronic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7007	Adult electric hand	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7008	Pediatric electric hand	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7009	Adult electric hook	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7040	Prehensile actuator	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7045	Pediatric electric hook	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7170	Electronic elbow hosmer swit	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7180	Electronic elbow sequential	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7181	Electronic elbo simultaneous	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7185	Electron elbow adolescent sw	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7186	Electron elbow child switch	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7190	Elbow adolescent myoelectron	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7191	Elbow child myoelectronic ct	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7360	Six volt bat otto bock/eq ea	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7362	Battery chgr six volt otto	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7364	Twelve volt battery utah/equ	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7366	Battery chgr 12 volt utah/e	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7367	Replacmnt lithium ionbatter	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7368	Lithium ion battery charger	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7400	Add UE prost be/wd, utilite	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7401	Add UE prost a/e utilite mat	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7402	Add UE prost s/d utilite mat	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7403	Add UE prost b/e acrylic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7404	Add UE prost a/e acrylic	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7405	Add UE prost s/d acrylic	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L7499	Upper extremity prosthes NOS	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L7510	Prosthetic device repair rep	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7520	Repair prosthesis per 15 min	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7600	Prosthetic donning sleeve	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7900	Male vacuum erection system	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L7902	Tension ring, vac erect dev	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8000	Mastectomy bra	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8001	Breast prosthesis bra & form	Y	Y	Change Effective 1/1/2021 -	Interqual

Orthotics/Prosthetic	L8002	Brst prsth bra & bilat form	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8010	Mastectomy sleeve	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8015	Ext breastprosthesis garment	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8020	Mastectomy form	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHES	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8035	Custom breast prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L8039	Breast prosthesis NOS	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L8040	Nasal prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8041	Midfacial prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8042	Orbital prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8043	Upper facial prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8044	Hemi-facial prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8045	Auricular prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8046	Partial facial prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8047	Nasal septal prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L8048	Unspec maxillofacial prosth	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L8049	Repair maxillofacial prosth	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8300	Truss single w/ standard pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8310	Truss double w/ standard pad	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8320	Truss addition to std pad wa	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8330	Truss add to std pad scrotal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8400	Sheath below knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8410	Sheath above knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8415	Sheath upper limb	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8417	Pros sheath/sock w gel cushn	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8420	Prosthetic sock multi ply BK	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8430	Prosthetic sock multi ply AK	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8435	Pros sock multi ply upper lm	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8440	Shrinker below knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8460	Shrinker above knee	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8465	Shrinker upper limb	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8470	Pros sock single ply BK	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8480	Pros sock single ply AK	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8485	Pros sock single ply upper l	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L8499	Unlisted misc prosthetic ser	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L8500	Artificial larynx	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8501	Tracheostomy speaking valve	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8505	Artificial larynx, accessory	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8507	Trach-esoph voice pros pt in	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8509	Trach-esoph voice pros md in	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8510	Voice amplifier	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8511	Indwelling trach insert	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8512	Gel cap for trach voice pros	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8513	Trach pros cleaning device	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8514	Repl trach puncture dilator	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8515	Gel cap app device for trach	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8600	Implant breast silicone/eq	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8604	Dextranomer/hyaluronic acid	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8605	Inj bulking agent anal canal	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8607	Injectable bulking agent for vocal cord medialization, .01ml	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Orthotics/Prosthetic	L8609	Artificial cornea	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8610	Ocular implant	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8612	Aqueous shunt prosthesis	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8613	Ossicular implant	Y	Y	Change Effective 1/1/2021 -	Interqual
Medical Procedure	L8614	Cochlear device	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8615	Coch implant headset replace	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8616	Coch implant microphone repl	N	N	No authorization is required effective	Interqual
Medical Procedure	L8617	Coch implant trans coil repl	N	N	No authorization is required effective	Interqual
Medical Procedure	L8618	Coch implant tran cable repl	N	N	No authorization is required effective	Interqual
Medical Procedure	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER,	Y	Y	Requires Authorization for both	Interqual
Orthotics/Prosthetic	L8621	Repl zinc air battery	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8622	Repl alkaline battery	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8623	Lith ion batt CID, non-earlvl	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8624	Lith ion batt CID, ear level	Y	Y	Change Effective 1/1/2021 -	Interqual
Medical Procedure	L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPL	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Y	Y	Requires Authorization for both	Interqual
Orthotics/Prosthetic	L8629	TRANSMITTING COIL AND CABLE,	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8630	Metacarpophalangeal implant	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8631	MCP joint repl 2 pc or more	Y	Y	Requires Authorization for both	Interqual
Orthotics/Prosthetic	L8641	Metatarsal joint implant	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8642	Hallux implant	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8658	Interphalangeal joint spacer	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8659	Interphalangeal joint repl	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8670	Vascular graft, synthetic	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8679	Imp neurosti pls gn any type	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE(WITH ANY NUMBER OF CON	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8681	Pt prgrm for implt neurostim	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8682	Implt neurostim radiofq rec	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8683	Radiofq trsmtr for implt neu	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8684	Radiof trsmtr implt scrln neu	Y	Y	Requires Authorization for both	Interqual
Medical Procedure	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Medical Procedure	L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Medical Procedure	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Medical Procedure	L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Y	Y	NewCode Effective 1/1/2021 - Auth	Interqual
Orthotics/Prosthetic	L8689	External recharg sys intern	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8690	Aud osseo dev, int/ext comp	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8691	Aud osseo dev ext snd proces	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8692	AUDTORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, US	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8693	Aud osseo dev, abutment	Y	Y	Change Effective 1/1/2021 -	Interqual
Orthotics/Prosthetic	L8695	External recharg sys extern	Y	Y	Change Effective 1/1/2021 -	Interqual
Durable Medical Equipment	L8699	Prosthetic implant NOS	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Durable Medical Equipment	L9900	O&P supply/accessory/service	Y	Y	Unlisted DME Code Effective 1/1/2021;	Interqual
Medical Procedure	P9099	Blood component or product not otherwise classified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	Q0	Modifier 'Q0' Investigational clinical service provided in a clinical research study that is in an approved clinical research	Y	Y	Effective 1/1/2021 - Modifier 'Q0'	Interqual
Specialty Rx Drug	Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S)	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0162	ONDANSETRON ORAL	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Y	Y	Effective 7/1/2010 Authorization is	Interqual
Specialty Rx Drug	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	Y	Y	Unlisted Drug Code Effective 9/1/2016;	Interqual
Medical Procedure	Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	Q1004	Intraocular Lens CAT 4	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	Q1005	Intraocular Lens CAT 5	Y	Y	Authorization is Required for both	Interqual
Specialty Rx Drug	Q2017	Teniposide, 50 mg	Y	Y	Commercial PA Required Effective	Interqual
Specialty Rx Drug	Q2026	Radiesse injection	Y	Y	Commercial PA Required Effective	Interqual
Specialty Rx Drug	Q2028	Injection, sculptra, 0.5 mg	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Specialty Rx Drug	Q2039	Influenza virus vaccine, not otherwise specified	Y	Y	Unlisted Drug Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q2042	TISAGENLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q2043	Sipuleucel T (Provenge)	Y	Y	New Code Effective 1/1/2021 for both	Interqual

Specialty Rx Drug	Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q2050	Doxorubicin hydrochloride	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q2052	Ivig demo, services/supplies	Y	Y	Authorization is Required for both	Interqual
Specialty Rx Drug	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Medical Procedure	Q4050	Cast supplies, for unlisted types and materials of casts	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Specialty Rx Drug	Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)	Y	Y	Drug Unlisted Code Effective 3/1/2020;	Interqual
Medical Procedure	Q4100	Skin substitute, not otherwise specified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	Q4161	Bio-Connekt wound matrix, per sq cm	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen- 200, per sq cm	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	Q4164	Helicoll, per sq cm	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	Q4165	Keramatrix, per sq cm	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	Q4183	Surgigraft, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4184	Cellesta, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Specialty Rx Drug	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4186	Epifix, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4187	Epicord, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4188	AmnioArmor, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4189	Artacent AC, 1 mg	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4190	Artacent AC, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4191	Restorigin, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Specialty Rx Drug	Q4192	Restorigin, 1 cc	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4193	Coll-e-Derm, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4194	Novachor, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4195	PuraPly, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4196	PuraPly AM, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4197	PuraPly XT, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4198	Genesis Amniotic Membrane, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4200	SkinTE, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4201	Matrion, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Specialty Rx Drug	Q4202	Keroxx (2.5 g/cc), 1 cc	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4203	Derma-Gide, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4204	XWRAP, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4205	Membrane Graft or Membrane Wrap, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4208	Novafix, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4209	SurGraft, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4212	AlloGen, per cc	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4213	Ascent, 0.5 mg	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4214	Cellesta Cord, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4216	Artacent Cord, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4218	SurgiCORD, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4219	SurgiGRAFT-DUAL, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4220	BellaCell HD or Surederm, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4221	Amnio Wrap2, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4222	ProgenaMatrix, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Medical Procedure	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Y	Y	New Code - Added to the PA List Effective	Interqual
Home Health	Q5001	Hospice in patient home	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5002	Hospice in assisted living	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5003	Hospice in LT/non-skilled NF	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5004	Hospice in SNF	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5005	Hospice, inpatient hospital	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5006	Hospice in hospice facility	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5007	Hospice in LTCH	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5008	Hospice in inpatient psych	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	Q5009	Hospice care, NOS	Y	N/A	Unlisted Hospice Effective 7/1/2010;	Interqual
Medical Procedure	Q5010	Hospice home care in hospice	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Specialty Rx Drug	Q5101	Injection, filgrastim (G-CSF), biosimilar, 1 microgram	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5109	INJECTION, INFLIXIMAB-QBXT, BIOSIMILAR, (IXIFI), 10 MG	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Specialty Rx Drug	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzumab), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5116	Injection, trastuzumab-qypp, biosimilar, (Trazimera), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5119	Injection, rituximab-pwvr, biosimilar, (RUXIENCE), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZiEXTENZO), 0.5 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	Q5121	Injection, infliximab-axq, biosimilar, (AVSOLA), 10 mg	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	S0148	Peg interferon alfa-2b/10	Y	Y	Change - Effective 1/1/2021 Authorization	Interqual
Specialty Rx Drug	S0189	Testosterone pellet, 75 mg	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Non Emergency Transportation	S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport	Y	Y	Authorization is Required for both	Interqual
Non Emergency Transportation	S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport	Y	Y	Authorization is Required for both	Interqual
Non Emergency Transportation	S0209	Wheelchair van, mileage, per mile	Y	Y	Authorization is Required for both	Interqual
Non Emergency Transportation	S0215	Nonemergency transportation; mileage, per mile	Y	Y	Authorization is Required for both	Interqual
Home Health	S0255	Hospice refer visit nonmd	Y	Y	Authorization is Required for both	Interqual
Home Health	S0271	Home hospice case 30 days	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Home Health	S0320	RN telephone calls to DMP	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Medical Procedure	S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S1034	Artificial Pancreas Device System (eg, Low Glucose Suspend	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S1035	Artificial Pancreas Device,Sensor; Invasive (eg, Subcutaneous), Disposable, F	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S1036	Artificial Pancreas device,Sensor; Invasive (eg, Subcutaneous), Disposable,	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S1037	Transmitter; External, For Use With Artificial Pancreas Devi	Y	Y	Authorization is Required for both	Interqual
Durable Medical Equipment	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	Y	Y	Change - DME Code Effective 1/1/2021;	Interqual
Medical Procedure	S2053	Transplantation of small int	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2054	Transplantation of multivisc	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2055	Harvesting of donor multivisc	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2060	Lobar lung transplantation	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2061	Donor lobectomy (lung)	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2065	Simult panc kidn trans	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2102	Islet cell tissue transplant	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2103	Adrenal tissue transplant	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2140	Cord blood harvesting	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2142	Cord blood-derived stem-cell	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2150	BONE MARROW OR BLOOD-DERIVED STEM CELLS (PERIPHERAL OR UMBIL	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2152	Solid organ transpl pkg	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2202	Echocardiography	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Y	Y	Unlisted Fetal Sx Code Effective 3/1/2020;	Interqual
Medical Procedure	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Molecular Diagnostics	S3800	Genetic testing ALS	Y	Y	Commercial-Yes (Auth Required for MA	Interqual
Molecular Diagnostics	S3840	DNA analysis RET-oncogene	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3841	Gene test retinoblastoma	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3842	Gene test Hoppel-Lindau	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3843	DNA analysis factor v	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3844	DNA analysis deafness	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3845	Gene test alpha-thalassemia	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3846	Gene test beta-thalassemia	Y	Y	Change: Genetic Testing- Lab services for	Interqual

Molecular Diagnostics	S3847	Gene test Tay-Sachs	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3848	Gene test Gaucher	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3849	Gene test Niemann-Pick	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3850	Gene test sickle cell	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3851	Gene test canavan	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3852	DNA analysis APOE alzheimer	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3853	Gene test myo musclr dyst	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3854	Gene profile panel breast	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3860	Genet test cardiac ion-comp	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3861	Genetic test brugada	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3862	Genet test cardiac ion-spec	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3865	Comp genet test hyp cardiomy	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3866	Spec gene test hyp cardiomy	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Molecular Diagnostics	S3870	CGH test developmental delay	Y	Y	Change: Genetic Testing- Lab services for	Interqual
Medical Procedure	S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	Y	N/A	IVF Code Effective 1/1/2021 for COMM -	Interqual
Medical Procedure	S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	Y	N/A	IVF Code Effective 1/1/2021 for COMM -	Interqual
Medical Procedure	S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	Y	N/A	Unlisted IVF Code Effective 1/1/2021 for	Interqual
Medical Procedure	S4037	Cryopreserved embryo transfer, case rate	Y	N/A	Unlisted IVF Code Effective 1/1/2021 for	Interqual
Home Health	S5035	HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G. PUMP	Y	Y	Authorization is Required for both	Interqual
Home Health	S5036	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G. PUMP REPAIR)	Y	Y	Authorization is Required for both	Interqual
Home Health	S5108	Homecare train pt 15 min	Y	Y	Authorization is Required for both	Interqual
Home Health	S5109	Homecare train pt session	Y	Y	Authorization is Required for both	Interqual
Home Health	S5110	Family homecare training 15m	Y	Y	Authorization is Required for both	Interqual
Home Health	S5111	Family homecare train/session	Y	Y	Authorization is Required for both	Interqual
Home Health	S5115	Nonfamily homecare train/15m	Y	Y	Authorization is Required for both	Interqual
Home Health	S5116	Nonfamily HC train/session	Y	Y	Authorization is Required for both	Interqual
Home Health	S5125	Attendant care services; per 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	S5126	Attendant care services; per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	S5130	Homemaker service, nos; per 15 minutes	Y	Y	Unlisted Home Service Code; Auth	Interqual
Home Health	S5131	Homemaker service, nos; per diem	Y	Y	Unlisted Home Service Code; Auth	Interqual
Home Health	S5135	Companion care, adult (e.g. iad/adl); per 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	S5136	Companion care, adult (e.g. iad/adl); per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	Y	Y	Authorization is Required for both	Interqual
Home Health	S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	Y	Y	Unlisted Home Service Code; Auth	Interqual
Home Health	S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	Y	Y	Unlisted Home Service Code; Auth	Interqual
Home Health	S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	Y	Y	Authorization is Required for both	Interqual
Home Health	S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE	Y	Y	Authorization is Required for both	Interqual
Home Health	S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	Y	Y	Authorization is Required for both	Interqual
Home Health	S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	Y	Y	Authorization is Required for both	Interqual
Home Health	S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	Y	Y	Authorization is Required for both	Interqual
Home Health	S5520	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A	Y	Y	Authorization is Required for both	Interqual
Home Health	S5521	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A	Y	Y	Authorization is Required for both	Interqual
Home Health	S5522	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS	Y	Y	Authorization is Required for both	Interqual
Home Health	S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S8189	Tracheostomy supply, not otherwise classified	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	S8301	Infection control supplies, not otherwise specified	Y	Y	Unlisted Code Effective 1/1/2021; No	Interqual
Medical Procedure	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	Y	Y	Acupuncture - Effective 1/1/2021	Interqual
Medical Procedure	S9001	Home uterine monitor with or	Y	Y	Authorization is Required for both	Interqual
Home Health	S9097	Home visit wound care	Y	Y	Authorization is Required for both	Interqual
Home Health	S9098	Home phototherapy visit	Y	Y	Authorization is Required for both	Interqual
Home Health	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software;	Y	Y	Authorization is Required for both	Interqual
Home Health	S9122	Home health aide or certifie	Y	Y	Authorization is Required for both	Interqual
Home Health	S9123	Nursing care in home RN	Y	Y	Authorization is Required for both	Interqual
Home Health	S9124	Nursing care, in the home; b	Y	Y	Authorization is Required for both	Interqual
Home Health	S9126	Hospice care, in the home, p	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Home Health	S9127	Social work visit, in the home	Y	Y	Authorization is Required for both	Interqual
Home Health	S9128	Speech therapy, in the home,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9129	Occupational therapy, in the home	Y	Y	Authorization is Required for both	Interqual
Home Health	S9131	PT in the home per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	S9152	Speech therapy, re-evaluation	Y	Y	Authorization is Required for both	Interqual
Home Health	S9208	Home mgmt preterm labor	Y	Y	Authorization is Required for both	Interqual
Home Health	S9209	Home mgmt PPRM	Y	Y	Authorization is Required for both	Interqual
Home Health	S9211	Home mgmt gest hypertension	Y	Y	Authorization is Required for both	Interqual
Home Health	S9212	Hm postpar hyper per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	S9213	Hm preeclamp per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	S9214	Hm gest dm per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT	Y	Y	Authorization is Required for both	Interqual
Home Health	S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN	Y	Y	Authorization is Required for both	Interqual
Home Health	S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE	Y	Y	Authorization is Required for both	Interqual
Home Health	S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY	Y	Y	Authorization is Required for both	Interqual
Home Health	S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY	Y	Y	Authorization is Required for both	Interqual
Home Health	S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Home Health	S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.	Y	Y	Authorization is Required for both	Interqual
Home Health	S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL	Y	Y	Authorization is Required for both	Interqual
Home Health	S9339	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL	N	N	Effective 1/1/2021 - No Auth Required for	Interqual
Home Health	S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	Y	Y	Authorization is Required for both	Interqual
Home Health	S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL	Y	Y	Authorization is Required for both	Interqual
Home Health	S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9345	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR	Y	Y	Authorization is Required for both	Interqual
Home Health	S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN);	Y	Y	Authorization is Required for both	Interqual
Home Health	S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR	Y	Y	Authorization is Required for both	Interqual
Home Health	S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9351	HOME INFUSION THERAPY, CONTINUOUS ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE	Y	Y	Authorization is Required for both	Interqual
Home Health	S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE	Y	Y	Authorization is Required for both	Interqual
Home Health	S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	Y	Y	Authorization is Required for both	Interqual
Home Health	S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; [E.G.	Y	Y	Authorization is Required for both	Interqual
Home Health	S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; [E.G.	Y	Y	Authorization is Required for both	Interqual
Home Health	S9361	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9363	HOME INFUSION THERAPY, ANTI-SPASMODIC THERAPY; ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE	Y	Y	Authorization is Required for both	Interqual
Home Health	S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER	Y	Y	Authorization is Required for both	Interqual
Home Health	S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS	Y	Y	Authorization is Required for both	Interqual
Home Health	S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS	Y	Y	Authorization is Required for both	Interqual
Home Health	S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE	Y	Y	Authorization is Required for both	Interqual
Home Health	S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	Y	Y	Authorization is Required for both	Interqual
Home Health	S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	Y	Y	Authorization is Required for both	Interqual
Home Health	S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE	Y	Y	Authorization is Required for both	Interqual
Home Health	S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	Y	Y	Authorization is Required for both	Interqual
Home Health	S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	Y	Y	Authorization is Required for both	Interqual
Home Health	S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED;	Y	Y	Unlisted Home Service Code; Auth	Interqual
Medical Procedure	S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	Y	Y	Unlisted Code Effective 3/1/2020; No	Interqual
Medical Procedure	S9474	Enterostomal therapy by a re	Y	Y	Authorization is Required for both	Interqual
Home Health	S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional	Y	Y	Authorization is Required for both	Interqual
Home Health	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional	Y	Y	Authorization is Required for both	Interqual
Home Health	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional	Y	Y	Authorization is Required for both	Interqual
Home Health	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional	Y	Y	Authorization is Required for both	Interqual
Home Health	S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Y	Y	Authorization is Required for both	Interqual
Home Health	S9537	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G. ERYTHROPOIETIN,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Home Health	S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	Y	Y	Unlisted Home Service Code; Auth	Interqual
Home Health	S9558	HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9559	HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G., LEUPROLIDE, GOSERELIN),	Y	Y	Authorization is Required for both	Interqual
Home Health	S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES,	Y	Y	Authorization is Required for both	Interqual
Home Health	S9590	HOME THERAPY, IRRIGATION THERAPY (E.G. STERILE IRRIGATION OF AN ORGAN OR	Y	Y	Authorization is Required for both	Interqual

Home Health	S9803	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, NURSING SERVICES; EACH ADDITIONAL	Y	Y	Authorization is Required for both	Interqual
Home Health	S9810	HOME THERAPY; PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION,	Y	Y	Unlisted Home Service Code; Auth	Interqual
Medical Procedure	S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	S9976	LODGING, PER DIEM, NOT OTHERWISE CLASSIFIED	Y	Y	Unlisted Code Effective COMM	Interqual
Medical Procedure	S9977	MEALS, PER DIEM, NOT OTHERWISE SPECIFIED	N	N	Effective 1/1/2022 No Auth Required for	Interqual
Medical Procedure	S9988	Services provided as part of a Phase I clinical trial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S9990	Services provided as part of a Phase II clinical trial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Medical Procedure	S9991	Services provided as part of a Phase III clinical trial	Y	Y	Effective 1/1/2021 Authorization is	Interqual
Specialty Rx Drug	ravato (Esketamin	Spravato (Esketamine) NDC -50458002803	Y	Y	Effective 1/1/2021 -J3490 Spravato	Interqual
Home Health	T1000	Private duty/independent nsg	Y	Y	Authorization is Required for both	Interqual
Home Health	T1001	Nursing assessment/evaluatn	Y	Y	Authorization is Required for both	Interqual
Home Health	T1002	RN services up to 15 minutes	Y	Y	Authorization is Required for both	Interqual
Home Health	T1003	LPN/LVN services up to 15min	Y	Y	Authorization is Required for both	Interqual
Home Health	T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	Y	Y	Authorization is Required for both	Interqual
Home Health	T1019	Personal care ser per 15 min	Y	Y	Authorization is Required for both	Interqual
Home Health	T1020	Personal care ser per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	T1021	HH Aide or cn aide per visit	Y	Y	Authorization is Required for both	Interqual
Home Health	T1030	RN home care per diem	Y	Y	Authorization is Required for both	Interqual
Home Health	T1031	LPN home care per diem	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Y	Y	Unlisted Code Effectived 3/1/2020; No	Interqual
Non Emergency Transportation	T2001	Non-emergency, patient attendant/escort	Y	Y	Authorization is Required for both	Interqual
Home Health	T2042	Hospice routine home care	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Home Health	T2043	Hospice routine home care	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Home Health	T2044	Hospice respite care	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Home Health	T2045	Hospice general care	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Home Health	T2046	Hospice long term care, r&b	Y	N/A	Commercial Requires Authorization; MA-	Interqual
Non Emergency Transportation	T2049	Non-emergency; stretcher van, mileage; per mile	Y	Y	Authorization is Required for both	Interqual
Specialty Rx Drug	Brexucabtagene A	Tecartus (Brexucabtagene Autoleucl) NDC - 71287021902	Y	Y	New Drug - Effective 1/1/2021 - PA Required	Interqual
Medical Procedure	V2199	Not otherwise classified, single vision lens	Y	Y	Unlisted Code Effectived 3/1/2020; No	Interqual
Medical Procedure	V2799	Amniotic membrane for surgical reconstruction, per procedure	Y	Y	Authorization is Required for both	Interqual
Medical Procedure	V2799	Vision item or service, miscellaneous	Y	Y	Unlisted Code Effectived 3/1/2020; No	Interqual
Durable Medical Equipment	V5274	Assistive listening device, not otherwise specified	Y	Y	Unlisted DME Code Effectived 1/1/2021;	Interqual
Durable Medical Equipment	V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	Y	Y	Unlisted DME Code Effectived 1/1/2021;	Interqual
Durable Medical Equipment	V5298	Hearing aid, not otherwise classified	Y	Y	Unlisted DME Code Effectived 1/1/2021;	Interqual
Durable Medical Equipment	V5299	Hearing service, miscellaneous	Y	Y	Unlisted DME Code Effectived 1/1/2021;	Interqual
Specialty Rx Drug	iltespo (Viltolarse	Viltespo (Viltolarsen) NDC- 73292001101	Y	Y	New Drug - Effective 1/1/2021 - PA Required	Interqual
Surgical Procedure	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36010	Introduction of catheter, superior or inferior vena cava	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36013	Introduction of catheter, right heart or main pulmonary artery	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36014	Selective catheter placement, left or right pulmonary artery	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method,	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed;	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed;	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial,	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial,	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect)	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed;	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial,	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Surgical Procedure	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or	Y	Y	New Code Effective 1/1/2021 for both	Interqual
Molecular Diagnostics	0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent hybridization of	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0229U	BCAT1 (branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), including	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), including small sequence changes	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), including small sequence	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0233U	FXN (frataxin) (eg, Friedreich ataxia), including small sequence changes in exonic and intronic regions, deletions,	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0234U	MCP2 (methyl CpG binding protein 2) (eg, Rett syndrome), including small sequence changes in exonic and intronic	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), including small	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	0239U	Targeted panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants,	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Surgical Procedure	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s)	Y	Y	New Code - Effective 2/1/2021 General	Interqual
Surgical Procedure	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease,	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Surgical Procedure	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease,	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Surgical Procedure	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease,	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Surgical Procedure	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease,	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Imaging	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Imaging	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Imaging	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Imaging	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Imaging	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Imaging	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast	Y	Y	New Code - Effective 2/1/2021 CT	Interqual
Surgical Procedure	33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging	Y	Y	New Code - Effective 2/1/2021 General	Interqual
Surgical Procedure	33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective	Y	Y	New Code - Effective 2/1/2021 General	Interqual
Surgical Procedure	33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective	Y	Y	New Code - Effective 2/1/2021 General	Interqual
Surgical Procedure	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart,	Y	Y	New Code - Effective 2/1/2021 General	Interqual
Medical Procedure	76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	Y	Y	New Code - Effective 2/1/2021 Radiation	Interqual
Molecular Diagnostics	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81278	IGH@BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis,	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81347	SF3B1 (splicing factor 3b) subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis,	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis,	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81419	Epilepsy panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19,	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Molecular Diagnostics	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing	Y	Y	New Code - Effective 2/1/2021 (Genetic	Interqual
Medical Procedure	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Y	Y	New Code - Effectived 2/1/2021; No	Interqual
Medical Procedure	C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	Y	Y	New Code - Effectived 2/1/2021; No	Interqual
Specialty Rx Drug	C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	C9070	Injection, tafasitamab-cxix, 2 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	C9071	Injection, viltolarsen, 10 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	C9072	Injection, immune globulin (Asceniv), 500 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	C9073	Brexucabtagene autoleucl, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and	Y	Y	New Code - Effective 2/1/2021	Interqual
Surgical Procedure	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes	Y	Y	New Code - Effective 2/2/2021 General	Interqual
Surgical Procedure	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and	Y	Y	New Code - Effective 2/2/2021 General	Interqual
Surgical Procedure	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and	Y	Y	New Code - Effective 2/2/2021 General	Interqual

Surgical Procedure	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and	Y	Y	New Code - Effective 2/2/2021 General	Interqual
Specialty Rx Drug	J1823	Injection, inebilizumab-cdon, 1 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J7212	Factor VIIa (antithrombotic factor, recombinant)-jncw (Sevenfact), 1 mcg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J7352	Afamelanotide implant, 1 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J9223	Injection, lurbnectedin, 0.1 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	Q5122	Injection, pegfilgrastim-appf, biosimilar, (Nylvepria), 0.5 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	S0013	Esketamine, nasal spray, 1 mg	Y	Y	New Code - Effective 2/1/2021 on PA List	Interqual
Specialty Rx Drug	J0517	Inj., benralizumab, 1 mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J0881	Darbepoetin alfa, non-esrd	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J0885	Epoetin alfa, non-esrd	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J1300	Ecuzumab injection	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J1439	Inj ferric carboxymaltos 1mg	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J1930	Lanreotide injection	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J2353	Octreotide injection, depot	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J2507	Pegloticase injection	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J2778	Ranibizumab injection	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J2785	Regadenoson injection	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J2796	Romiplostim injection	Y	Y	New Code - Effective 2/1/2021	Interqual
Specialty Rx Drug	J3380	Injection, vedolizumab	Y	Y	New Code - Effective 2/1/2021	Interqual
Molecular Diagnostics	Q242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes,	Y	Y	New Code - Effective 4/1/2021 on PA List;	Interqual
Molecular Diagnostics	Q244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants,	Y	Y	New Code - Effective 4/1/2021 on PA List	Interqual
Molecular Diagnostics	Q245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-	Y	Y	New Code - Effective 4/1/2021 on PA List	Interqual
Medical Procedure	A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi	Y	Y	New Code - Effective 4/1/2021 on PA List	Interqual
Specialty Rx Drug	C9074	Injection, lumasiran, 0.5 mg	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Specialty Rx Drug	J1427	Injection, viltolarsen, 10 mg	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Specialty Rx Drug	J1554	Injection, immune globulin (Asceniv), 500 mg	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Specialty Rx Drug	J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Specialty Rx Drug	J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Specialty Rx Drug	J9349	Injection, tafasitamab-cxix, 2 mg	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1015	Foot, adductus positioning device, adjustable	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1017	Monthly supplies for use of device coded at K1016	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1019	Monthly supplies for use of device coded at K1018	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Medical Procedure	K1020	Noninvasive vagus nerve stimulator	Y	Y	New Code - Effective 4/1/2021 on PA List -	Interqual
Molecular Diagnostics	Q2053	Brexucabtagene autoleucl, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and	Y	Y	New Code - Effective 4/1/2021 on PA List	Interqual
Molecular Diagnostics	Q248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	Y	Y	New Code - Effective 7/1/2021 - Lab	Interqual
Molecular Diagnostics	Q249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture	Y	Y	New Code - Effective 7/1/2021 - Lab	Interqual
Molecular Diagnostics	Q250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic	Y	Y	New Code - Effective 7/1/2021 - Lab	Interqual
Molecular Diagnostics	Q252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal	Y	Y	New Code - Effective 7/1/2021 - Lab	Interqual
Molecular Diagnostics	Q253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation	Y	Y	New Code - Effective 7/1/2021 - Lab	Interqual
Molecular Diagnostics	Q254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic	Y	Y	New Code - Effective 7/1/2021 - Lab	Interqual
Surgical Procedure	Q643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration)	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q646T	Transcatheter tricuspid valve implantation/replacement (TTV) with prosthetic valve, percutaneous approach, including	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastrostomy, under ultrasound guidance, image	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule,	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing,	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary	Y	Y	New Code - Effective 7/1/2021	Interqual
Surgical Procedure	Q660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Y	Y	New Code - Effective 7/1/2021	Interqual
Medical Procedure	A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	Y	Y	New Code - Effective 7/1/2021	Interqual
Medical Procedure	A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	Y	Y	New Code - Effective 7/1/2021	Interqual
Specialty Rx Drug	C9075	Injection, casimersen, 10 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Molecular Diagnostics	C9076	Lisocabtagene maraleucl, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	C9077	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	C9078	Injection, trilaciclib, 1 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	C9079	Injection, evinacumab-dgnb, 5 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	C9080	Injection, melphalan flufenamide HCl, 1 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Medical Procedure	C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)	Y	Y	New Code - Effective 7/1/2021	Interqual
Specialty Rx Drug	J0224	Injection, lumasiran, 0.5 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	J9314	Injection, romidepsin, nonlyophilized (e.g., liquid), 0.1 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	J9348	Injection, naxitamab-gagk, 1 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Medical Procedure	M0244	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring in the home or	Y	Y	New Code - Effective 7/1/2021	Interqual
Medical Procedure	M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or	Y	Y	New Code - Effective 7/1/2021	Interqual
Specialty Rx Drug	Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Medical Procedure	M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Y	Y	New Code - Effective 7/1/2021	Interqual
Medical Procedure	M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this	Y	Y	New Code - Effective 7/1/2021	Interqual
Specialty Rx Drug	Q0247	Injection, sotrovimab, 500 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Specialty Rx Drug	Q0244	Injection, casirivimab and imdevimab, 1200 mg	Y	Y	New Code - Effective 7/1/2021 on PA List -	Interqual
Durable Medical Equipment	B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Y	Y	New Unlisted Code - Effective 8/1/2021 on	Interqual
Specialty Rx Drug	J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Y	Y	New Unlisted Code - Effective 8/1/2021 on	Interqual
Durable Medical Equipment	V5264	Ear mold/insert, not disposable, any type	Y	N	Unlisted DME Code Effective 8/1/2021;	Interqual
Durable Medical Equipment	V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	Y	N	Unlisted DME Code Effective 8/1/2021;	Interqual
Specialty Rx Drug	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Y	Y	New Code - Effective 1/1/2022 on PA List -	Interqual
Genetic Testing	Q285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q286U	CEP72 (centrosomal protein, 72-kDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK,	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2,	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	Q300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q708T	Intradermal cancer immunotherapy; preparation and initial injection	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q709T	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual

Pain Management	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Pain Management	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Pain Management	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Pain Management	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body,	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Genetic Testing	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	A2006	NovoSorb SynPath dermal matrix, per sq cm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	A2007	Restrata, per sq cm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	A2008	TheraGenesis, per sq cm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	A2009	Symphony, per sq cm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	A2010	Apis, per sq cm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	C9086	Injection, anifrolumab-fnia, 1 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	C9087	Injection, cyclophosphamide, (AuroMedics), 10 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	J0172	Injection, aducanumab-awwa, 2 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	J1952	Leuprolide injectable, camevi, 1 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	J9061	Injection, amivantamab-vmjw, 2 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Specialty Rx Drug	J9272	Injection, dostarlimab-gxly, 10 mg	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q2055	Idecabtagene vicleuceel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells,	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual
Medical Procedure	Q4199	Cygnus matrix, per sq cm	Y	Y	New Code Effective 1/1/2022 for both Comm &	Interqual