

Final Codes Removed from Prior Authorization

Code Set Type	Code Value	Code Begin Date	Code End Date	Description Value - Long
CPT CAT III Codes	0058T	1/1/2011	12/31/9999	Cryopreservation; reproductive tissue, ovarian
CPT CAT III Codes	0071T	7/1/2004	12/31/9999	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
CPT CAT III Codes	0072T	7/1/2004	12/31/9999	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
CPT CAT III Codes	0085T	1/1/2005	12/31/9999	Breath test for heart transplant rejection
CPT CAT III Codes	0098T	7/1/2005	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
CPT CAT III Codes	0101T	7/1/2005	12/31/9999	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
CPT CAT III Codes	0102T	7/1/2005	12/31/9999	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
CPT CAT III Codes	0111T	7/1/2005	12/31/9999	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
CPT CAT III Codes	0159T	7/1/2006	12/31/9999	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
CPT CAT III Codes	0163T	1/1/2007	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)
CPT CAT III Codes	0165T	1/1/2007	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)
CPT CAT III Codes	0174T	1/1/2007	12/31/9999	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)
CPT CAT III Codes	0175T	1/1/2007	12/31/9999	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation
CPT CAT III Codes	0190T	7/1/2008	12/31/9999	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)
CPT CAT III Codes	0191T	7/1/2008	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion
CPT CAT III Codes	0195T	7/1/2008	12/31/9999	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace
CPT CAT III Codes	0196T	7/1/2008	12/31/9999	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)

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CPT CAT III Codes	0198T	1/1/2009	12/31/9999	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
CPT CAT III Codes	0200T	7/1/2009	12/31/9999	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
CPT CAT III Codes	0201T	7/1/2009	12/31/9999	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
CPT CAT III Codes	0202T	7/1/2009	12/31/9999	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
CPT CAT III Codes	0207T	1/1/2010	12/31/9999	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
CPT CAT III Codes	0208T	1/1/2010	12/31/9999	Pure tone audiometry (threshold), automated; air only
CPT CAT III Codes	0209T	1/1/2010	12/31/9999	Pure tone audiometry (threshold), automated; air and bone
CPT CAT III Codes	0210T	1/1/2010	12/31/9999	Speech audiometry threshold, automated;
CPT CAT III Codes	0211T	1/1/2010	12/31/9999	Speech audiometry threshold, automated; with speech recognition
CPT CAT III Codes	0212T	1/1/2010	12/31/9999	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated
CPT CAT III Codes	0213T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
CPT CAT III Codes	0214T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)
CPT CAT III Codes	0215T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
CPT CAT III Codes	0216T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
CPT CAT III Codes	0217T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
CPT CAT III Codes	0218T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
CPT CAT III Codes	0219T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
CPT CAT III Codes	0220T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
CPT CAT III Codes	0221T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
CPT CAT III Codes	0222T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)

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CPT CAT III Codes	0228T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
CPT CAT III Codes	0229T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)
CPT CAT III Codes	0230T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
CPT CAT III Codes	0231T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)
CPT CAT III Codes	0232T	7/1/2010	12/31/9999	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
CPT CAT III Codes	0249T	1/1/2011	12/31/9999	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
CPT CAT III Codes	0253T	1/1/2011	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space
CPT CAT III Codes	0254T	1/1/2011	12/31/9999	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral
CPT CAT III Codes	0263T	7/1/2011	12/31/9999	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
CPT CAT III Codes	0264T	7/1/2011	12/31/9999	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
CPT CAT III Codes	0265T	7/1/2011	12/31/9999	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
CPT CAT III Codes	0266T	7/1/2011	12/31/9999	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
CPT CAT III Codes	0267T	7/1/2011	12/31/9999	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT CAT III Codes	0268T	7/1/2011	12/31/9999	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT CAT III Codes	0269T	7/1/2011	12/31/9999	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
CPT CAT III Codes	0270T	7/1/2011	12/31/9999	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)

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CPT CAT III Codes	0271T	7/1/2011	12/31/9999	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT CAT III Codes	0272T	7/1/2011	12/31/9999	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day):
CPT CAT III Codes	0273T	7/1/2011	12/31/9999	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day): with programming
CPT CAT III Codes	0274T	7/1/2011	12/31/9999	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral: cervical or thoracic
CPT CAT III Codes	0275T	7/1/2011	12/31/9999	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral: lumbar
CPT CAT III Codes	0290T	1/1/2012	12/31/9999	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)
CPT CAT III Codes	0308T	7/1/2012	12/31/9999	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
CPT CAT III Codes	0312T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
CPT CAT III Codes	0313T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
CPT CAT III Codes	0314T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
CPT CAT III Codes	0315T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
CPT CAT III Codes	0316T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
CPT CAT III Codes	0317T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
CPT CAT III Codes	0329T	7/1/2013	12/31/9999	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
CPT CAT III Codes	0330T	7/1/2013	12/31/9999	Tear film imaging, unilateral or bilateral, with interpretation and report
CPT CAT III Codes	0331T	7/1/2013	12/31/9999	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;
CPT CAT III Codes	0332T	7/1/2013	12/31/9999	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
CPT CAT III Codes	0333T	7/1/2013	12/31/9999	Visual evoked potential, screening of visual acuity, automated, with report

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CPT CAT III Codes	0335T	1/1/2014	12/31/9999	Extra-osseous subtalar joint implant for talotarsal stabilization
CPT CAT III Codes	0337T	1/1/2014	12/31/9999	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral
CPT CAT III Codes	0338T	1/1/2014	12/31/9999	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed: unilateral
CPT CAT III Codes	0339T	1/1/2014	12/31/9999	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed: bilateral
CPT CAT III Codes	0341T	1/1/2014	12/31/9999	Quantitative pupillometry with interpretation and report, unilateral or bilateral
CPT CAT III Codes	0342T	1/1/2014	12/31/9999	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
CPT CAT III Codes	0345T	1/1/2014	12/31/9999	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
CPT CAT III Codes	0347T	7/1/2014	12/31/9999	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)
CPT CAT III Codes	0348T	7/1/2014	12/31/9999	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)
CPT CAT III Codes	0349T	7/1/2014	12/31/9999	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)
CPT CAT III Codes	0350T	7/1/2014	12/31/9999	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)
CPT CAT III Codes	0351T	7/1/2014	12/31/9999	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative
CPT CAT III Codes	0352T	7/1/2014	12/31/9999	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred
CPT CAT III Codes	0353T	7/1/2014	12/31/9999	Optical coherence tomography of breast, surgical cavity; real-time intraoperative
CPT CAT III Codes	0354T	7/1/2014	12/31/9999	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred
CPT CAT III Codes	0355T	7/1/2014	12/31/9999	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
CPT CAT III Codes	0356T	7/1/2014	12/31/9999	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
CPT CAT III Codes	0357T	1/1/2015	12/31/9999	Cryopreservation; immature oocyte(s)
CPT CAT III Codes	0358T	7/1/2014	12/31/9999	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
CPT CAT III Codes	0359T	7/1/2014	12/31/9999	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report

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CPT CAT III Codes	0360T	7/1/2014	12/31/9999	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient
CPT CAT III Codes	0361T	7/1/2014	12/31/9999	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)
CPT CAT III Codes	0362T	7/1/2014	12/31/9999	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient
CPT CAT III Codes	0363T	7/1/2014	12/31/9999	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)
CPT CAT III Codes	0364T	7/1/2014	12/31/9999	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
CPT CAT III Codes	0365T	7/1/2014	12/31/9999	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
CPT CAT III Codes	0366T	7/1/2014	12/31/9999	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
CPT CAT III Codes	0367T	7/1/2014	12/31/9999	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
CPT CAT III Codes	0368T	7/1/2014	12/31/9999	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
CPT CAT III Codes	0369T	7/1/2014	12/31/9999	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)
CPT CAT III Codes	0370T	7/1/2014	12/31/9999	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
CPT CAT III Codes	0371T	7/1/2014	12/31/9999	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
CPT CAT III Codes	0372T	7/1/2014	12/31/9999	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients
CPT CAT III Codes	0373T	7/1/2014	12/31/9999	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
CPT CAT III Codes	0374T	7/1/2014	12/31/9999	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)

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CPT CAT III Codes	0375T	1/1/2015	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels
CPT CAT III Codes	0376T	1/1/2015	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)
CPT CAT III Codes	0377T	1/1/2015	12/31/9999	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence
CPT CAT III Codes	0378T	1/1/2015	12/31/9999	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
CPT CAT III Codes	0379T	1/1/2015	12/31/9999	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
CPT CAT III Codes	0380T	1/1/2015	12/31/9999	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report
CPT CAT III Codes	0381T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
CPT CAT III Codes	0382T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
CPT CAT III Codes	0383T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
CPT CAT III Codes	0384T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
CPT CAT III Codes	0385T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
CPT CAT III Codes	0386T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
CPT CAT III Codes	0387T	1/1/2015	12/31/9999	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular
CPT CAT III Codes	0388T	1/1/2015	12/31/9999	Transcatheter removal of permanent leadless pacemaker, ventricular

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CPT CAT III Codes	0389T	1/1/2015	12/31/9999	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system
CPT CAT III Codes	0390T	1/1/2015	12/31/9999	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system
CPT CAT III Codes	0391T	1/1/2015	12/31/9999	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system
CPT CAT III Codes	0394T	1/1/2016	12/31/9999	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
CPT CAT III Codes	0395T	1/1/2016	12/31/9999	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
CPT CAT III Codes	0397T	1/1/2016	12/31/9999	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)
CPT CAT III Codes	0402T	1/1/2016	12/31/9999	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
CPT CAT III Codes	0404T	1/1/2016	12/31/9999	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
CPT CAT III Codes	0405T	1/1/2016	12/31/9999	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time
CPT CAT III Codes	0406T	1/1/2016	12/31/9999	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;
CPT CAT III Codes	0407T	1/1/2016	12/31/9999	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement
CPT CAT III Codes	0408T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
CPT CAT III Codes	0409T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
CPT CAT III Codes	0410T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
CPT CAT III Codes	0411T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
CPT CAT III Codes	0412T	1/1/2016	12/31/9999	Removal of permanent cardiac contractility modulation system; pulse generator only
CPT CAT III Codes	0413T	1/1/2016	12/31/9999	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
CPT CAT III Codes	0414T	1/1/2016	12/31/9999	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
CPT CAT III Codes	0415T	1/1/2016	12/31/9999	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)
CPT CAT III Codes	0416T	1/1/2016	12/31/9999	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator

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CPT CAT III Codes	0417T	1/1/2016	12/31/9999	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system
CPT CAT III Codes	0418T	1/1/2016	12/31/9999	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system
CPT CAT III Codes	0421T	1/1/2016	12/31/9999	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
CPT CAT III Codes	0422T	1/1/2016	12/31/9999	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
CPT CAT III Codes	0423T	1/1/2016	12/31/9999	Secretory type II phospholipase A2 (sPLA2-IIA)
CPT CAT III Codes	0424T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
CPT CAT III Codes	0425T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only
CPT CAT III Codes	0426T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only
CPT CAT III Codes	0427T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only
CPT CAT III Codes	0428T	1/1/2016	12/31/9999	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
CPT CAT III Codes	0429T	1/1/2016	12/31/9999	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only
CPT CAT III Codes	0430T	1/1/2016	12/31/9999	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only
CPT CAT III Codes	0431T	1/1/2016	12/31/9999	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
CPT CAT III Codes	0432T	1/1/2016	12/31/9999	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
CPT CAT III Codes	0433T	1/1/2016	12/31/9999	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only
CPT CAT III Codes	0434T	1/1/2016	12/31/9999	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
CPT CAT III Codes	0435T	1/1/2016	12/31/9999	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
CPT CAT III Codes	0436T	1/1/2016	12/31/9999	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study
CPT CAT III Codes	0439T	7/1/2016	12/31/9999	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
CPT CAT III Codes	0440T	7/1/2016	12/31/9999	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
CPT CAT III Codes	0441T	7/1/2016	12/31/9999	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
CPT CAT III Codes	0442T	7/1/2016	12/31/9999	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
CPT CAT III Codes	0443T	7/1/2016	12/31/9999	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)
CPT CAT III Codes	0444T	7/1/2016	12/31/9999	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
CPT CAT III Codes	0445T	7/1/2016	12/31/9999	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral

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CPT CAT III Codes	0446T	1/1/2017	12/31/9999	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
CPT CAT III Codes	0447T	1/1/2017	12/31/9999	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
CPT CAT III Codes	0448T	1/1/2017	12/31/9999	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
CPT CAT III Codes	0449T	1/1/2017	12/31/9999	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
CPT CAT III Codes	0450T	1/1/2017	12/31/9999	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)
CPT CAT III Codes	0451T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)
CPT CAT III Codes	0452T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal
CPT CAT III Codes	0453T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface
CPT CAT III Codes	0454T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode
CPT CAT III Codes	0455T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)
CPT CAT III Codes	0456T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal
CPT CAT III Codes	0457T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface
CPT CAT III Codes	0458T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode
CPT CAT III Codes	0459T	1/1/2017	12/31/9999	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
CPT CAT III Codes	0460T	1/1/2017	12/31/9999	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
CPT CAT III Codes	0461T	1/1/2017	12/31/9999	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
CPT CAT III Codes	0462T	1/1/2017	12/31/9999	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day

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CPT CAT III Codes	0463T	1/1/2017	12/31/9999	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
CPT CAT III Codes	0464T	1/1/2017	12/31/9999	Visual evoked potential, testing for glaucoma, with interpretation and report
CPT CAT III Codes	0465T	1/1/2017	12/31/9999	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
CPT CAT III Codes	0466T	1/1/2017	12/31/9999	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
CPT CAT III Codes	0467T	1/1/2017	12/31/9999	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
CPT CAT III Codes	0468T	1/1/2017	12/31/9999	Removal of chest wall respiratory sensor electrode or electrode array
CPT Codes	11950	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
CPT Codes	11951	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
CPT Codes	11952	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
CPT Codes	11954	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
CPT Codes	11980	1/1/0001	12/31/9999	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
CPT Codes	15150	1/1/2006	12/31/9999	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
CPT Codes	15151	1/1/2006	12/31/9999	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
CPT Codes	15152	1/1/2006	12/31/9999	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT Codes	15155	1/1/2006	12/31/9999	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
CPT Codes	15156	1/1/2006	12/31/9999	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
CPT Codes	15157	1/1/2006	12/31/9999	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT Codes	15271	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
CPT Codes	15272	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
CPT Codes	15273	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
CPT Codes	15274	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT Codes	15275	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

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CPT Codes	15276	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
CPT Codes	15277	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
CPT Codes	15278	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT Codes	15777	1/1/2012	12/31/9999	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
CPT Codes	15786	1/1/0001	12/31/9999	Abrasion; single lesion (eg, keratosis, scar)
CPT Codes	15787	1/1/0001	12/31/9999	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
CPT Codes	15819	1/1/0001	12/31/9999	Cervicoplasty
CPT Codes	15820	1/1/0001	12/31/9999	Blepharoplasty, lower eyelid;
CPT Codes	15821	1/1/0001	12/31/9999	Blepharoplasty, lower eyelid; with extensive herniated fat pad
CPT Codes	15822	1/1/0001	12/31/9999	Blepharoplasty, upper eyelid;
CPT Codes	15823	1/1/0001	12/31/9999	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
CPT Codes	15824	1/1/0001	12/31/9999	Rhytidectomy; forehead
CPT Codes	15825	1/1/0001	12/31/9999	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
CPT Codes	15828	1/1/0001	12/31/9999	Rhytidectomy; cheek, chin, and neck
CPT Codes	15829	1/1/0001	12/31/9999	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
CPT Codes	15830	1/1/2007	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
CPT Codes	15832	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
CPT Codes	15833	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
CPT Codes	15834	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
CPT Codes	15835	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
CPT Codes	15836	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
CPT Codes	15837	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
CPT Codes	15838	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
CPT Codes	15839	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
CPT Codes	15847	1/1/2007	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
CPT Codes	15876	1/1/0001	12/31/9999	Suction assisted lipectomy; head and neck
CPT Codes	15877	1/1/0001	12/31/9999	Suction assisted lipectomy; trunk
CPT Codes	15878	1/1/0001	12/31/9999	Suction assisted lipectomy; upper extremity

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CPT Codes	15879	1/1/0001	12/31/9999	Suction assisted lipectomy; lower extremity
CPT Codes	15999	1/1/0001	12/31/9999	Unlisted procedure, excision pressure ulcer
CPT Codes	17106	1/1/0001	12/31/9999	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
CPT Codes	17107	1/1/0001	12/31/9999	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
CPT Codes	17108	1/1/0001	12/31/9999	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
CPT Codes	17999	1/1/0001	12/31/9999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
CPT Codes	19105	1/1/2007	12/31/9999	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
CPT Codes	19296	1/1/2005	12/31/9999	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
CPT Codes	19297	1/1/2005	12/31/9999	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
CPT Codes	19298	1/1/2005	12/31/9999	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
CPT Codes	19300	1/1/2007	12/31/9999	Mastectomy for gynecomastia
CPT Codes	19304	1/1/2007	12/31/9999	Mastectomy, subcutaneous
CPT Codes	19316	1/1/0001	12/31/9999	Mastopexy
CPT Codes	19318	1/1/0001	12/31/9999	Reduction mammoplasty
CPT Codes	19324	1/1/0001	12/31/9999	Mammoplasty, augmentation; without prosthetic implant
CPT Codes	19325	1/1/0001	12/31/9999	Mammoplasty, augmentation; with prosthetic implant
CPT Codes	19328	1/1/0001	12/31/9999	Removal of intact mammary implant
CPT Codes	19330	1/1/0001	12/31/9999	Removal of mammary implant material
CPT Codes	19340	1/1/0001	12/31/9999	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
CPT Codes	19342	1/1/0001	12/31/9999	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
CPT Codes	19350	1/1/0001	12/31/9999	Nipple/areola reconstruction
CPT Codes	19355	1/1/0001	12/31/9999	Correction of inverted nipples
CPT Codes	19357	1/1/0001	12/31/9999	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
CPT Codes	19370	1/1/0001	12/31/9999	Open periprosthetic capsulotomy, breast
CPT Codes	19371	1/1/0001	12/31/9999	Periprosthetic capsulectomy, breast
CPT Codes	19380	1/1/0001	12/31/9999	Revision of reconstructed breast
CPT Codes	19499	1/1/0001	12/31/9999	Unlisted procedure, breast
CPT Codes	20527	1/1/2012	12/31/9999	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
CPT Codes	20910	1/1/0001	12/31/9999	Cartilage graft; costochondral
CPT Codes	20912	1/1/0001	12/31/9999	Cartilage graft; nasal septum
CPT Codes	20930	1/1/0001	12/31/9999	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
CPT Codes	20975	1/1/0001	12/31/9999	Electrical stimulation to aid bone healing; invasive (operative)
CPT Codes	20999	1/1/0001	12/31/9999	Unlisted procedure, musculoskeletal system, general

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CPT Codes	21025	1/1/0001	12/31/9999	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
CPT Codes	21032	1/1/0001	12/31/9999	Excision of maxillary torus palatinus
CPT Codes	21050	1/1/0001	12/31/9999	Condylectomy, temporomandibular joint (separate procedure)
CPT Codes	21060	1/1/0001	12/31/9999	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
CPT Codes	21073	1/1/2008	12/31/9999	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
CPT Codes	21085	1/1/0001	12/31/9999	Impression and custom preparation; oral surgical splint
CPT Codes	21088	1/1/0001	12/31/9999	Impression and custom preparation; facial prosthesis
CPT Codes	21089	1/1/0001	12/31/9999	Unlisted maxillofacial prosthetic procedure
CPT Codes	21110	1/1/0001	12/31/9999	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
CPT Codes	21120	1/1/0001	12/31/9999	Genioplasty; augmentation (autograft, allograft, prosthetic material)
CPT Codes	21121	1/1/0001	12/31/9999	Genioplasty; sliding osteotomy, single piece
CPT Codes	21122	1/1/0001	12/31/9999	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
CPT Codes	21123	1/1/0001	12/31/9999	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
CPT Codes	21125	1/1/0001	12/31/9999	Augmentation, mandibular body or angle; prosthetic material
CPT Codes	21127	1/1/0001	12/31/9999	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
CPT Codes	21137	1/1/0001	12/31/9999	Reduction forehead; contouring only
CPT Codes	21138	1/1/0001	12/31/9999	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
CPT Codes	21139	1/1/0001	12/31/9999	Reduction forehead; contouring and setback of anterior frontal sinus wall
CPT Codes	21141	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
CPT Codes	21142	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
CPT Codes	21143	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
CPT Codes	21145	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
CPT Codes	21146	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
CPT Codes	21147	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
CPT Codes	21150	1/1/0001	12/31/9999	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
CPT Codes	21151	1/1/0001	12/31/9999	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
CPT Codes	21154	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
CPT Codes	21155	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
CPT Codes	21159	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I

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CPT Codes	21160	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
CPT Codes	21172	1/1/0001	12/31/9999	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
CPT Codes	21179	1/1/0001	12/31/9999	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
CPT Codes	21180	1/1/0001	12/31/9999	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
CPT Codes	21181	1/1/0001	12/31/9999	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
CPT Codes	21182	1/1/0001	12/31/9999	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
CPT Codes	21188	1/1/0001	12/31/9999	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
CPT Codes	21193	1/1/0001	12/31/9999	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
CPT Codes	21194	1/1/0001	12/31/9999	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
CPT Codes	21195	1/1/0001	12/31/9999	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
CPT Codes	21196	1/1/0001	12/31/9999	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
CPT Codes	21198	1/1/0001	12/31/9999	Osteotomy, mandible, segmental;
CPT Codes	21199	1/1/2001	12/31/9999	Osteotomy, mandible, segmental; with genioglossus advancement
CPT Codes	21206	1/1/0001	12/31/9999	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
CPT Codes	21208	1/1/0001	12/31/9999	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
CPT Codes	21209	1/1/0001	12/31/9999	Osteoplasty, facial bones; reduction
CPT Codes	21210	1/1/0001	12/31/9999	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
CPT Codes	21215	1/1/0001	12/31/9999	Graft, bone; mandible (includes obtaining graft)
CPT Codes	21230	1/1/0001	12/31/9999	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
CPT Codes	21235	1/1/0001	12/31/9999	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
CPT Codes	21240	1/1/0001	12/31/9999	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
CPT Codes	21242	1/1/0001	12/31/9999	Arthroplasty, temporomandibular joint, with allograft
CPT Codes	21243	1/1/0001	12/31/9999	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
CPT Codes	21244	1/1/0001	12/31/9999	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
CPT Codes	21245	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, subperiosteal implant; partial
CPT Codes	21246	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, subperiosteal implant; complete
CPT Codes	21247	1/1/0001	12/31/9999	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
CPT Codes	21248	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
CPT Codes	21249	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
CPT Codes	21270	1/1/0001	12/31/9999	Malar augmentation, prosthetic material
CPT Codes	21280	1/1/0001	12/31/9999	Medial canthopexy (separate procedure)
CPT Codes	21282	1/1/0001	12/31/9999	Lateral canthopexy

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CPT Codes	21299	1/1/0001	12/31/9999	Unlisted craniofacial and maxillofacial procedure
CPT Codes	21325	1/1/0001	12/31/9999	Open treatment of nasal fracture; uncomplicated
CPT Codes	21347	1/1/0001	12/31/9999	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
CPT Codes	21348	1/1/0001	12/31/9999	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
CPT Codes	21432	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
CPT Codes	21433	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
CPT Codes	21435	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
CPT Codes	21436	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
CPT Codes	21497	1/1/0001	12/31/9999	Interdental wiring, for condition other than fracture
CPT Codes	21499	1/1/0001	12/31/9999	Unlisted musculoskeletal procedure, head
CPT Codes	21685	1/1/2004	12/31/9999	Hyoid myotomy and suspension
CPT Codes	21740	1/1/0001	12/31/9999	Reconstructive repair of pectus excavatum or carinatum; open
CPT Codes	21742	1/1/2003	12/31/9999	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
CPT Codes	21743	1/1/2003	12/31/9999	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
CPT Codes	21899	1/1/0001	12/31/9999	Unlisted procedure, neck or thorax
CPT Codes	22102	1/1/0001	12/31/9999	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
CPT Codes	22214	1/1/0001	12/31/9999	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
CPT Codes	22224	1/1/0001	12/31/9999	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
CPT Codes	22325	1/1/0001	12/31/9999	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
CPT Codes	22505	1/1/0001	12/31/9999	Manipulation of spine requiring anesthesia, any region
CPT Codes	22510	1/1/2015	12/31/9999	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
CPT Codes	22511	1/1/2015	12/31/9999	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
CPT Codes	22512	1/1/2015	12/31/9999	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
CPT Codes	22513	1/1/2015	12/31/9999	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
CPT Codes	22514	1/1/2015	12/31/9999	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

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CPT Codes	22515	1/1/2015	12/31/9999	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
CPT Codes	22526	1/1/2007	12/31/9999	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
CPT Codes	22527	1/1/2007	12/31/9999	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
CPT Codes	22533	1/1/2004	12/31/9999	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
CPT Codes	22558	1/1/0001	12/31/9999	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
CPT Codes	22586	1/1/2013	12/31/9999	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
CPT Codes	22612	1/1/0001	12/31/9999	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
CPT Codes	22630	1/1/0001	12/31/9999	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
CPT Codes	22632	1/1/0001	12/31/9999	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
CPT Codes	22633	1/1/2012	12/31/9999	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
CPT Codes	22634	1/1/2012	12/31/9999	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
CPT Codes	22856	1/1/2009	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
CPT Codes	22857	1/1/2007	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
CPT Codes	22858	1/1/2015	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
CPT Codes	22861	1/1/2009	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
CPT Codes	22862	1/1/2007	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar

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CPT Codes	22867	1/1/2017	12/31/9999	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
CPT Codes	22868	1/1/2017	12/31/9999	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
CPT Codes	22869	1/1/2017	12/31/9999	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
CPT Codes	22870	1/1/2017	12/31/9999	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
CPT Codes	22899	1/1/0001	12/31/9999	Unlisted procedure, spine
CPT Codes	22999	1/1/0001	12/31/9999	Unlisted procedure, abdomen, musculoskeletal system
CPT Codes	23000	1/1/0001	12/31/9999	Removal of subdeltoid calcareous deposits, open
CPT Codes	23020	1/1/0001	12/31/9999	Capsular contracture release (eg, Sever type procedure)
CPT Codes	23030	1/1/0001	12/31/9999	Incision and drainage, shoulder area; deep abscess or hematoma
CPT Codes	23031	1/1/0001	12/31/9999	Incision and drainage, shoulder area; infected bursa
CPT Codes	23035	1/1/0001	12/31/9999	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
CPT Codes	23040	1/1/0001	12/31/9999	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
CPT Codes	23044	1/1/0001	12/31/9999	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
CPT Codes	23065	1/1/0001	12/31/9999	Biopsy, soft tissue of shoulder area; superficial
CPT Codes	23066	1/1/0001	12/31/9999	Biopsy, soft tissue of shoulder area; deep
CPT Codes	23071	1/1/2010	12/31/9999	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
CPT Codes	23073	1/1/2010	12/31/9999	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
CPT Codes	23075	1/1/0001	12/31/9999	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
CPT Codes	23076	1/1/0001	12/31/9999	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
CPT Codes	23077	1/1/0001	12/31/9999	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
CPT Codes	23078	1/1/2010	12/31/9999	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
CPT Codes	23100	1/1/0001	12/31/9999	Arthrotomy, glenohumeral joint, including biopsy
CPT Codes	23101	1/1/0001	12/31/9999	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
CPT Codes	23105	1/1/0001	12/31/9999	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
CPT Codes	23106	1/1/0001	12/31/9999	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
CPT Codes	23107	1/1/0001	12/31/9999	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
CPT Codes	23120	1/1/0001	12/31/9999	Claviclectomy; partial
CPT Codes	23130	1/1/0001	12/31/9999	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
CPT Codes	23140	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
CPT Codes	23145	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
CPT Codes	23146	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft

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CPT Codes	23150	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of proximal humerus;
CPT Codes	23155	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
CPT Codes	23156	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
CPT Codes	23170	1/1/0001	12/31/9999	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
CPT Codes	23172	1/1/0001	12/31/9999	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
CPT Codes	23174	1/1/0001	12/31/9999	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
CPT Codes	23180	1/1/0001	12/31/9999	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
CPT Codes	23182	1/1/0001	12/31/9999	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
CPT Codes	23184	1/1/0001	12/31/9999	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
CPT Codes	23200	1/1/0001	12/31/9999	Radical resection of tumor; clavicle
CPT Codes	23210	1/1/0001	12/31/9999	Radical resection of tumor; scapula
CPT Codes	23220	1/1/0001	12/31/9999	Radical resection of tumor, proximal humerus
CPT Codes	23330	1/1/0001	12/31/9999	Removal of foreign body, shoulder; subcutaneous
CPT Codes	23333	1/1/2014	12/31/9999	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
CPT Codes	23334	1/1/2014	12/31/9999	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
CPT Codes	23335	1/1/2014	12/31/9999	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
CPT Codes	23400	1/1/0001	12/31/9999	Scapulopexy (eg, Sprengels deformity or for paralysis)
CPT Codes	23410	1/1/0001	12/31/9999	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
CPT Codes	23412	1/1/0001	12/31/9999	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
CPT Codes	23415	1/1/0001	12/31/9999	Coracoacromial ligament release, with or without acromioplasty
CPT Codes	23420	1/1/0001	12/31/9999	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
CPT Codes	23430	1/1/0001	12/31/9999	Tenodesis of long tendon of biceps
CPT Codes	23440	1/1/0001	12/31/9999	Resection or transplantation of long tendon of biceps
CPT Codes	23450	1/1/0001	12/31/9999	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
CPT Codes	23455	1/1/0001	12/31/9999	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
CPT Codes	23460	1/1/0001	12/31/9999	Capsulorrhaphy, anterior, any type; with bone block
CPT Codes	23462	1/1/0001	12/31/9999	Capsulorrhaphy, anterior, any type; with coracoid process transfer
CPT Codes	23465	1/1/0001	12/31/9999	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
CPT Codes	23466	1/1/0001	12/31/9999	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
CPT Codes	23470	1/1/0001	12/31/9999	Arthroplasty, glenohumeral joint; hemiarthroplasty
CPT Codes	23472	1/1/0001	12/31/9999	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
CPT Codes	23473	1/1/2013	12/31/9999	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
CPT Codes	23474	1/1/2013	12/31/9999	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
CPT Codes	23490	1/1/0001	12/31/9999	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
CPT Codes	23491	1/1/0001	12/31/9999	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus

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CPT Codes	23700	1/1/0001	12/31/9999	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
CPT Codes	23800	1/1/0001	12/31/9999	Arthrodesis, glenohumeral joint;
CPT Codes	23802	1/1/0001	12/31/9999	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
CPT Codes	23929	1/1/0001	12/31/9999	Unlisted procedure, shoulder
CPT Codes	24300	1/1/2002	12/31/9999	Manipulation, elbow, under anesthesia
CPT Codes	24999	1/1/0001	12/31/9999	Unlisted procedure, humerus or elbow
CPT Codes	25259	1/1/2002	12/31/9999	Manipulation, wrist, under anesthesia
CPT Codes	25675	1/1/0001	12/31/9999	Closed treatment of distal radioulnar dislocation with manipulation
CPT Codes	25999	1/1/0001	12/31/9999	Unlisted procedure, forearm or wrist
CPT Codes	26341	1/1/2012	12/31/9999	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord
CPT Codes	26989	1/1/0001	12/31/9999	Unlisted procedure, hands or fingers
CPT Codes	26990	1/1/0001	12/31/9999	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
CPT Codes	26991	1/1/0001	12/31/9999	Incision and drainage, pelvis or hip joint area; infected bursa
CPT Codes	26992	1/1/0001	12/31/9999	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
CPT Codes	27030	1/1/0001	12/31/9999	Arthrotomy, hip, with drainage (eg, infection)
CPT Codes	27033	1/1/0001	12/31/9999	Arthrotomy, hip, including exploration or removal of loose or foreign body
CPT Codes	27040	1/1/0001	12/31/9999	Biopsy, soft tissue of pelvis and hip area; superficial
CPT Codes	27041	1/1/0001	12/31/9999	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
CPT Codes	27043	1/1/2010	12/31/9999	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
CPT Codes	27045	1/1/2010	12/31/9999	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
CPT Codes	27047	1/1/0001	12/31/9999	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
CPT Codes	27048	1/1/0001	12/31/9999	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
CPT Codes	27049	1/1/0001	12/31/9999	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
CPT Codes	27052	1/1/0001	12/31/9999	Arthrotomy, with biopsy; hip joint
CPT Codes	27054	1/1/0001	12/31/9999	Arthrotomy with synovectomy, hip joint
CPT Codes	27059	1/1/2010	12/31/9999	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
CPT Codes	27065	1/1/0001	12/31/9999	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
CPT Codes	27066	1/1/0001	12/31/9999	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
CPT Codes	27067	1/1/0001	12/31/9999	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
CPT Codes	27070	1/1/0001	12/31/9999	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
CPT Codes	27071	1/1/0001	12/31/9999	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
CPT Codes	27075	1/1/0001	12/31/9999	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
CPT Codes	27076	1/1/0001	12/31/9999	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
CPT Codes	27077	1/1/0001	12/31/9999	Radical resection of tumor; innominate bone, total

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CPT Codes	27078	1/1/0001	12/31/9999	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
CPT Codes	27086	1/1/0001	12/31/9999	Removal of foreign body, pelvis or hip; subcutaneous tissue
CPT Codes	27087	1/1/0001	12/31/9999	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
CPT Codes	27090	1/1/0001	12/31/9999	Removal of hip prosthesis; (separate procedure)
CPT Codes	27091	1/1/0001	12/31/9999	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
CPT Codes	27096	1/1/0001	12/31/9999	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
CPT Codes	27120	1/1/0001	12/31/9999	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
CPT Codes	27122	1/1/0001	12/31/9999	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
CPT Codes	27125	1/1/0001	12/31/9999	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
CPT Codes	27130	1/1/0001	12/31/9999	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
CPT Codes	27132	1/1/0001	12/31/9999	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
CPT Codes	27134	1/1/0001	12/31/9999	Revision of total hip arthroplasty; both components, with or without autograft or allograft
CPT Codes	27137	1/1/0001	12/31/9999	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
CPT Codes	27138	1/1/0001	12/31/9999	Revision of total hip arthroplasty; femoral component only, with or without allograft
CPT Codes	27140	1/1/0001	12/31/9999	Osteotomy and transfer of greater trochanter of femur (separate procedure)
CPT Codes	27146	1/1/0001	12/31/9999	Osteotomy, iliac, acetabular or innominate bone;
CPT Codes	27147	1/1/0001	12/31/9999	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
CPT Codes	27151	1/1/0001	12/31/9999	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
CPT Codes	27156	1/1/0001	12/31/9999	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
CPT Codes	27158	1/1/0001	12/31/9999	Osteotomy, pelvis, bilateral (eg, congenital malformation)
CPT Codes	27161	1/1/0001	12/31/9999	Osteotomy, femoral neck (separate procedure)
CPT Codes	27165	1/1/0001	12/31/9999	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
CPT Codes	27175	1/1/0001	12/31/9999	Treatment of slipped femoral epiphysis; by traction, without reduction
CPT Codes	27176	1/1/0001	12/31/9999	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
CPT Codes	27177	1/1/0001	12/31/9999	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
CPT Codes	27178	1/1/0001	12/31/9999	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
CPT Codes	27179	1/1/0001	12/31/9999	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
CPT Codes	27181	1/1/0001	12/31/9999	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
CPT Codes	27187	1/1/0001	12/31/9999	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
CPT Codes	27197	1/1/2017	12/31/9999	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation

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CPT Codes	27198	1/1/2017	12/31/9999	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
CPT Codes	27275	1/1/0001	12/31/9999	Manipulation, hip joint, requiring general anesthesia
CPT Codes	27279	1/1/2015	12/31/9999	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
CPT Codes	27280	1/1/0001	12/31/9999	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed
CPT Codes	27299	1/1/0001	12/31/9999	Unlisted procedure, pelvis or hip joint
CPT Codes	27301	1/1/0001	12/31/9999	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
CPT Codes	27303	1/1/0001	12/31/9999	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
CPT Codes	27310	1/1/0001	12/31/9999	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
CPT Codes	27323	1/1/0001	12/31/9999	Biopsy, soft tissue of thigh or knee area; superficial
CPT Codes	27324	1/1/0001	12/31/9999	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
CPT Codes	27327	1/1/0001	12/31/9999	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
CPT Codes	27328	1/1/0001	12/31/9999	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
CPT Codes	27329	1/1/0001	12/31/9999	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
CPT Codes	27330	1/1/0001	12/31/9999	Arthrotomy, knee; with synovial biopsy only
CPT Codes	27331	1/1/0001	12/31/9999	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
CPT Codes	27332	1/1/0001	12/31/9999	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
CPT Codes	27333	1/1/0001	12/31/9999	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
CPT Codes	27334	1/1/0001	12/31/9999	Arthrotomy, with synovectomy, knee; anterior OR posterior
CPT Codes	27335	1/1/0001	12/31/9999	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
CPT Codes	27337	1/1/2010	12/31/9999	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
CPT Codes	27339	1/1/2010	12/31/9999	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
CPT Codes	27340	1/1/0001	12/31/9999	Excision, prepatellar bursa
CPT Codes	27347	1/1/0001	12/31/9999	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
CPT Codes	27355	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of femur;
CPT Codes	27356	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of femur; with allograft
CPT Codes	27357	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
CPT Codes	27358	1/1/0001	12/31/9999	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
CPT Codes	27360	1/1/0001	12/31/9999	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
CPT Codes	27364	1/1/2010	12/31/9999	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
CPT Codes	27365	1/1/0001	12/31/9999	Radical resection of tumor, femur or knee
CPT Codes	27372	1/1/0001	12/31/9999	Removal of foreign body, deep, thigh region or knee area

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CPT Codes	27403	1/1/0001	12/31/9999	Arthrotomy with meniscus repair, knee
CPT Codes	27405	1/1/0001	12/31/9999	Repair, primary, torn ligament and/or capsule, knee; collateral
CPT Codes	27407	1/1/0001	12/31/9999	Repair, primary, torn ligament and/or capsule, knee; cruciate
CPT Codes	27409	1/1/0001	12/31/9999	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
CPT Codes	27412	1/1/2005	12/31/9999	Autologous chondrocyte implantation, knee
CPT Codes	27415	1/1/2005	12/31/9999	Osteochondral allograft, knee, open
CPT Codes	27416	1/1/2008	12/31/9999	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
CPT Codes	27418	1/1/0001	12/31/9999	Anterior tibial tubercleplasty (eg, Maquet type procedure)
CPT Codes	27420	1/1/0001	12/31/9999	Reconstruction of dislocating patella; (eg, Hauser type procedure)
CPT Codes	27422	1/1/0001	12/31/9999	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
CPT Codes	27424	1/1/0001	12/31/9999	Reconstruction of dislocating patella; with patellectomy
CPT Codes	27425	1/1/0001	12/31/9999	Lateral retinacular release, open
CPT Codes	27427	1/1/0001	12/31/9999	Ligamentous reconstruction (augmentation), knee; extra-articular
CPT Codes	27428	1/1/0001	12/31/9999	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
CPT Codes	27429	1/1/0001	12/31/9999	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
CPT Codes	27438	1/1/0001	12/31/9999	Arthroplasty, patella; with prosthesis
CPT Codes	27440	1/1/0001	12/31/9999	Arthroplasty, knee, tibial plateau;
CPT Codes	27441	1/1/0001	12/31/9999	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
CPT Codes	27442	1/1/0001	12/31/9999	Arthroplasty, femoral condyles or tibial plateau(s), knee;
CPT Codes	27443	1/1/0001	12/31/9999	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
CPT Codes	27445	1/1/0001	12/31/9999	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
CPT Codes	27446	1/1/0001	12/31/9999	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
CPT Codes	27447	1/1/0001	12/31/9999	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
CPT Codes	27448	1/1/0001	12/31/9999	Osteotomy, femur, shaft or supracondylar; without fixation
CPT Codes	27450	1/1/0001	12/31/9999	Osteotomy, femur, shaft or supracondylar; with fixation
CPT Codes	27454	1/1/0001	12/31/9999	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
CPT Codes	27455	1/1/0001	12/31/9999	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
CPT Codes	27457	1/1/0001	12/31/9999	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
CPT Codes	27465	1/1/0001	12/31/9999	Osteoplasty, femur; shortening (excluding 64876)
CPT Codes	27466	1/1/0001	12/31/9999	Osteoplasty, femur; lengthening
CPT Codes	27468	1/1/0001	12/31/9999	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
CPT Codes	27470	1/1/0001	12/31/9999	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
CPT Codes	27472	1/1/0001	12/31/9999	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
CPT Codes	27486	1/1/0001	12/31/9999	Revision of total knee arthroplasty, with or without allograft; 1 component
CPT Codes	27487	1/1/0001	12/31/9999	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component

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CPT Codes	27488	1/1/0001	12/31/9999	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
CPT Codes	27495	1/1/0001	12/31/9999	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
CPT Codes	27570	1/1/0001	12/31/9999	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
CPT Codes	27599	1/1/0001	12/31/9999	Unlisted procedure, femur or knee
CPT Codes	27702	1/1/0001	12/31/9999	Arthroplasty, ankle; with implant (total ankle)
CPT Codes	27703	1/1/0001	12/31/9999	Arthroplasty, ankle; revision, total ankle
CPT Codes	27860	1/1/0001	12/31/9999	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
CPT Codes	27899	1/1/0001	12/31/9999	Unlisted procedure, leg or ankle
CPT Codes	28446	1/1/2008	12/31/9999	Open osteochondral autograft, talus (includes obtaining graft(s))
CPT Codes	28890	1/1/2006	12/31/9999	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
CPT Codes	28899	1/1/0001	12/31/9999	Unlisted procedure, foot or toes
CPT Codes	29799	1/1/0001	12/31/9999	Unlisted procedure, casting or strapping
CPT Codes	29800	1/1/0001	12/31/9999	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
CPT Codes	29804	1/1/0001	12/31/9999	Arthroscopy, temporomandibular joint, surgical
CPT Codes	29805	1/1/2002	12/31/9999	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
CPT Codes	29806	1/1/2002	12/31/9999	Arthroscopy, shoulder, surgical; capsulorrhaphy
CPT Codes	29807	1/1/2002	12/31/9999	Arthroscopy, shoulder, surgical; repair of SLAP lesion
CPT Codes	29819	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
CPT Codes	29820	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; synovectomy, partial
CPT Codes	29821	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; synovectomy, complete
CPT Codes	29822	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; debridement, limited
CPT Codes	29823	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; debridement, extensive
CPT Codes	29824	1/1/2002	12/31/9999	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
CPT Codes	29825	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
CPT Codes	29826	1/1/0001	12/31/9999	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
CPT Codes	29827	1/1/2003	12/31/9999	Arthroscopy, shoulder, surgical; with rotator cuff repair
CPT Codes	29828	1/1/2008	12/31/9999	Arthroscopy, shoulder, surgical; biceps tenodesis
CPT Codes	29850	1/1/0001	12/31/9999	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
CPT Codes	29851	1/1/0001	12/31/9999	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
CPT Codes	29855	1/1/0001	12/31/9999	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
CPT Codes	29856	1/1/0001	12/31/9999	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
CPT Codes	29860	1/1/0001	12/31/9999	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)

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CPT Codes	29861	1/1/0001	12/31/9999	Arthroscopy, hip, surgical; with removal of loose body or foreign body
CPT Codes	29862	1/1/0001	12/31/9999	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
CPT Codes	29863	1/1/0001	12/31/9999	Arthroscopy, hip, surgical; with synovectomy
CPT Codes	29866	1/1/2005	12/31/9999	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
CPT Codes	29867	1/1/2005	12/31/9999	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
CPT Codes	29868	1/1/2005	12/31/9999	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
CPT Codes	29870	1/1/0001	12/31/9999	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
CPT Codes	29871	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; for infection, lavage and drainage
CPT Codes	29873	1/1/2003	12/31/9999	Arthroscopy, knee, surgical; with lateral release
CPT Codes	29874	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
CPT Codes	29875	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
CPT Codes	29876	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
CPT Codes	29877	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
CPT Codes	29879	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
CPT Codes	29880	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
CPT Codes	29881	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
CPT Codes	29882	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
CPT Codes	29883	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
CPT Codes	29884	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
CPT Codes	29885	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
CPT Codes	29886	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
CPT Codes	29887	1/1/0001	12/31/9999	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
CPT Codes	29888	1/1/0001	12/31/9999	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
CPT Codes	29889	1/1/0001	12/31/9999	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
CPT Codes	29914	1/1/2011	12/31/9999	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
CPT Codes	29915	1/1/2011	12/31/9999	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
CPT Codes	29916	1/1/2011	12/31/9999	Arthroscopy, hip, surgical; with labral repair
CPT Codes	29999	1/1/2002	12/31/9999	Unlisted procedure, arthroscopy
CPT Codes	30150	1/1/0001	12/31/9999	Rhinectomy; partial
CPT Codes	30400	1/1/0001	12/31/9999	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip

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CPT Codes	30410	1/1/0001	12/31/9999	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
CPT Codes	30420	1/1/0001	12/31/9999	Rhinoplasty, primary; including major septal repair
CPT Codes	30430	1/1/0001	12/31/9999	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
CPT Codes	30435	1/1/0001	12/31/9999	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
CPT Codes	30450	1/1/0001	12/31/9999	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
CPT Codes	30460	1/1/0001	12/31/9999	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
CPT Codes	30462	1/1/0001	12/31/9999	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
CPT Codes	30465	1/1/2001	12/31/9999	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
CPT Codes	30620	1/1/0001	12/31/9999	Septal or other intranasal dermatoplasty (does not include obtaining graft)
CPT Codes	30999	1/1/0001	12/31/9999	Unlisted procedure, nose
CPT Codes	31295	1/1/2011	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
CPT Codes	31296	1/1/2011	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
CPT Codes	31297	1/1/2011	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
CPT Codes	31299	1/1/0001	12/31/9999	Unlisted procedure, accessory sinuses
CPT Codes	31599	1/1/0001	12/31/9999	Unlisted procedure, larynx
CPT Codes	31627	1/1/2010	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
CPT Codes	31643	1/1/0001	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
CPT Codes	31647	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
CPT Codes	31651	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
CPT Codes	31660	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
CPT Codes	31661	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
CPT Codes	31899	1/1/0001	12/31/9999	Unlisted procedure, trachea, bronchi
CPT Codes	32491	1/1/0001	12/31/9999	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed
CPT Codes	32553	1/1/2010	12/31/9999	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
CPT Codes	32664	1/1/0001	12/31/9999	Thoracoscopy, surgical; with thoracic sympathectomy
CPT Codes	32701	1/1/2013	12/31/9999	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment

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CPT Codes	32850	1/1/0001	12/31/9999	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
CPT Codes	32851	1/1/0001	12/31/9999	Lung transplant, single; without cardiopulmonary bypass
CPT Codes	32852	1/1/0001	12/31/9999	Lung transplant, single; with cardiopulmonary bypass
CPT Codes	32853	1/1/0001	12/31/9999	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
CPT Codes	32854	1/1/0001	12/31/9999	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
CPT Codes	32999	1/1/0001	12/31/9999	Unlisted procedure, lungs and pleura
CPT Codes	33230	1/1/2012	12/31/9999	Insertion of implantable defibrillator pulse generator only; with existing dual leads
CPT Codes	33231	1/1/2012	12/31/9999	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
CPT Codes	33240	1/1/0001	12/31/9999	Insertion of implantable defibrillator pulse generator only; with existing single lead
CPT Codes	33249	1/1/0001	12/31/9999	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
CPT Codes	33270	1/1/2015	12/31/9999	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
CPT Codes	33271	1/1/2015	12/31/9999	Insertion of subcutaneous implantable defibrillator electrode
CPT Codes	33340	1/1/2017	12/31/9999	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
CPT Codes	33361	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
CPT Codes	33362	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
CPT Codes	33363	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
CPT Codes	33364	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
CPT Codes	33365	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
CPT Codes	33366	1/1/2014	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)
CPT Codes	33367	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)
CPT Codes	33368	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
CPT Codes	33369	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)
CPT Codes	33418	1/1/2015	12/31/9999	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis

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CPT Codes	33419	1/1/2015	12/31/9999	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)
CPT Codes	33477	1/1/2016	12/31/9999	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
CPT Codes	33548	1/1/2006	12/31/9999	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
CPT Codes	33880	1/1/2006	12/31/9999	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
CPT Codes	33881	1/1/2006	12/31/9999	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
CPT Codes	33883	1/1/2006	12/31/9999	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
CPT Codes	33884	1/1/2006	12/31/9999	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
CPT Codes	33886	1/1/2006	12/31/9999	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
CPT Codes	33935	1/1/0001	12/31/9999	Heart-lung transplant with recipient cardiectomy-pneumonectomy
CPT Codes	33945	1/1/0001	12/31/9999	Heart transplant, with or without recipient cardiectomy
CPT Codes	33975	1/1/0001	12/31/9999	Insertion of ventricular assist device; extracorporeal, single ventricle
CPT Codes	33976	1/1/0001	12/31/9999	Insertion of ventricular assist device; extracorporeal, biventricular
CPT Codes	33979	1/1/2002	12/31/9999	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
CPT Codes	33981	1/1/2010	12/31/9999	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
CPT Codes	33990	1/1/2013	12/31/9999	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
CPT Codes	33991	1/1/2013	12/31/9999	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
CPT Codes	33993	1/1/2013	12/31/9999	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
CPT Codes	33999	1/1/0001	12/31/9999	Unlisted procedure, cardiac surgery
CPT Codes	34841	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)

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CPT Codes	34842	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT Codes	34843	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT Codes	34844	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT Codes	34845	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
CPT Codes	34846	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT Codes	34847	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT Codes	34848	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT Codes	35884	1/1/2007	12/31/9999	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
CPT Codes	36260	1/1/0001	12/31/9999	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)

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CPT Codes	36299	1/1/0001	12/31/9999	Unlisted procedure, vascular injection
CPT Codes	36468	1/1/0001	12/31/9999	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
CPT Codes	36470	1/1/0001	12/31/9999	Injection of sclerosant; single incompetent vein (other than telangiectasia)
CPT Codes	36471	1/1/0001	12/31/9999	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
CPT Codes	36473	1/1/2017	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
CPT Codes	36474	1/1/2017	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT Codes	36475	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
CPT Codes	36476	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT Codes	36478	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
CPT Codes	36479	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT Codes	36514	1/1/2003	12/31/9999	Therapeutic apheresis; for plasma pheresis
CPT Codes	36516	1/1/2003	12/31/9999	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion
CPT Codes	36522	1/1/0001	12/31/9999	Photopheresis, extracorporeal
CPT Codes	37241	1/1/2014	12/31/9999	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
CPT Codes	37244	1/1/2014	12/31/9999	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
CPT Codes	37500	1/1/2003	12/31/9999	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
CPT Codes	37501	1/1/2003	12/31/9999	Unlisted vascular endoscopy procedure
CPT Codes	37700	1/1/0001	12/31/9999	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
CPT Codes	37718	1/1/2006	12/31/9999	Ligation, division, and stripping, short saphenous vein
CPT Codes	37722	1/1/2006	12/31/9999	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
CPT Codes	37735	1/1/0001	12/31/9999	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
CPT Codes	37760	1/1/0001	12/31/9999	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg

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CPT Codes	37761	1/1/2010	12/31/9999	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
CPT Codes	37765	1/1/2004	12/31/9999	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
CPT Codes	37766	1/1/2004	12/31/9999	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
CPT Codes	37780	1/1/0001	12/31/9999	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
CPT Codes	37785	1/1/0001	12/31/9999	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
CPT Codes	37790	1/1/0001	12/31/9999	Penile venous occlusive procedure
CPT Codes	37799	1/1/0001	12/31/9999	Unlisted procedure, vascular surgery
CPT Codes	38129	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, spleen
CPT Codes	38204	1/1/2003	12/31/9999	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
CPT Codes	38205	1/1/2003	12/31/9999	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
CPT Codes	38206	1/1/2003	12/31/9999	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
CPT Codes	38207	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
CPT Codes	38208	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
CPT Codes	38209	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
CPT Codes	38210	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
CPT Codes	38211	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
CPT Codes	38212	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
CPT Codes	38213	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; platelet depletion
CPT Codes	38214	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
CPT Codes	38215	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
CPT Codes	38230	1/1/0001	12/31/9999	Bone marrow harvesting for transplantation; allogeneic
CPT Codes	38232	1/1/2012	12/31/9999	Bone marrow harvesting for transplantation; autologous
CPT Codes	38240	1/1/0001	12/31/9999	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
CPT Codes	38241	1/1/0001	12/31/9999	Hematopoietic progenitor cell (HPC); autologous transplantation
CPT Codes	38242	1/1/2003	12/31/9999	Allogeneic lymphocyte infusions
CPT Codes	38243	1/1/2013	12/31/9999	Hematopoietic progenitor cell (HPC); HPC boost
CPT Codes	38589	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, lymphatic system
CPT Codes	38999	1/1/0001	12/31/9999	Unlisted procedure, hemic or lymphatic system
CPT Codes	39499	1/1/0001	12/31/9999	Unlisted procedure, mediastinum
CPT Codes	39599	1/1/0001	12/31/9999	Unlisted procedure, diaphragm
CPT Codes	40799	1/1/0001	12/31/9999	Unlisted procedure, lips
CPT Codes	40899	1/1/0001	12/31/9999	Unlisted procedure, vestibule of mouth
CPT Codes	41019	1/1/2008	12/31/9999	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
CPT Codes	41512	1/1/2009	12/31/9999	Tongue base suspension, permanent suture technique
CPT Codes	41530	1/1/2009	12/31/9999	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session

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CPT Codes	41599	1/1/0001	12/31/9999	Unlisted procedure, tongue, floor of mouth
CPT Codes	41820	1/1/0001	12/31/9999	Gingivectomy, excision gingiva, each quadrant
CPT Codes	41874	1/1/0001	12/31/9999	Alveoloplasty, each quadrant (specify)
CPT Codes	41899	1/1/0001	12/31/9999	Unlisted procedure, dentoalveolar structures
CPT Codes	42140	1/1/0001	12/31/9999	Uvulectomy, excision of uvula
CPT Codes	42145	1/1/0001	12/31/9999	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
CPT Codes	42160	1/1/0001	12/31/9999	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
CPT Codes	42299	1/1/0001	12/31/9999	Unlisted procedure, palate, uvula
CPT Codes	42699	1/1/0001	12/31/9999	Unlisted procedure, salivary glands or ducts
CPT Codes	42950	1/1/0001	12/31/9999	Pharyngoplasty (plastic or reconstructive operation on pharynx)
CPT Codes	42999	1/1/0001	12/31/9999	Unlisted procedure, pharynx, adenoids, or tonsils
CPT Codes	43210	1/1/2016	12/31/9999	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
CPT Codes	43241	1/1/0001	12/31/9999	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
CPT Codes	43257	1/1/2005	12/31/9999	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
CPT Codes	43284	1/1/2017	12/31/9999	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
CPT Codes	43285	1/1/2017	12/31/9999	Removal of esophageal sphincter augmentation device
CPT Codes	43289	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, esophagus
CPT Codes	43499	1/1/0001	12/31/9999	Unlisted procedure, esophagus
CPT Codes	43631	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with gastroduodenostomy
CPT Codes	43632	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with gastrojejunostomy
CPT Codes	43633	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
CPT Codes	43634	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with formation of intestinal pouch
CPT Codes	43644	1/1/2005	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
CPT Codes	43645	1/1/2005	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
CPT Codes	43647	1/1/2007	12/31/9999	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
CPT Codes	43648	1/1/2007	12/31/9999	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
CPT Codes	43659	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, stomach
CPT Codes	43770	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
CPT Codes	43771	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
CPT Codes	43772	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
CPT Codes	43773	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
CPT Codes	43774	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components

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CPT Codes	43775	1/1/2010	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
CPT Codes	43842	1/1/0001	12/31/9999	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
CPT Codes	43843	1/1/0001	12/31/9999	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
CPT Codes	43845	1/1/2005	12/31/9999	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
CPT Codes	43846	1/1/0001	12/31/9999	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
CPT Codes	43847	1/1/0001	12/31/9999	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
CPT Codes	43848	1/1/0001	12/31/9999	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
CPT Codes	43855	1/1/0001	12/31/9999	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
CPT Codes	43860	1/1/0001	12/31/9999	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
CPT Codes	43865	1/1/0001	12/31/9999	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
CPT Codes	43881	1/1/2007	12/31/9999	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
CPT Codes	43886	1/1/2006	12/31/9999	Gastric restrictive procedure, open; revision of subcutaneous port component only
CPT Codes	43888	1/1/2006	12/31/9999	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
CPT Codes	43999	1/1/0001	12/31/9999	Unlisted procedure, stomach
CPT Codes	44132	1/1/2001	12/31/9999	Donor enterectomy (including cold preservation), open; from cadaver donor
CPT Codes	44133	1/1/2001	12/31/9999	Donor enterectomy (including cold preservation), open; partial, from living donor
CPT Codes	44135	1/1/2001	12/31/9999	Intestinal allotransplantation; from cadaver donor
CPT Codes	44136	1/1/2001	12/31/9999	Intestinal allotransplantation; from living donor
CPT Codes	44238	1/1/2003	12/31/9999	Unlisted laparoscopy procedure, intestine (except rectum)
CPT Codes	44705	1/1/2013	12/31/9999	Preparation of fecal microbiota for instillation, including assessment of donor specimen
CPT Codes	44715	1/1/2005	12/31/9999	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
CPT Codes	44720	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
CPT Codes	44721	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
CPT Codes	44799	1/1/0001	12/31/9999	Unlisted procedure, small intestine
CPT Codes	44899	1/1/0001	12/31/9999	Unlisted procedure, Meckel's diverticulum and the mesentery
CPT Codes	44979	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, appendix
CPT Codes	45399	1/1/2015	12/31/9999	Unlisted procedure, colon
CPT Codes	45999	1/1/0001	12/31/9999	Unlisted procedure, rectum
CPT Codes	46601	1/1/2015	12/31/9999	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

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CPT Codes	46607	1/1/2015	12/31/9999	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
CPT Codes	46707	1/1/2010	12/31/9999	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
CPT Codes	46999	1/1/0001	12/31/9999	Unlisted procedure, anus
CPT Codes	47135	1/1/0001	12/31/9999	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
CPT Codes	47140	1/1/2004	12/31/9999	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
CPT Codes	47141	1/1/2004	12/31/9999	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
CPT Codes	47142	1/1/2004	12/31/9999	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
CPT Codes	47143	1/1/2005	12/31/9999	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
CPT Codes	47144	1/1/2005	12/31/9999	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
CPT Codes	47145	1/1/2005	12/31/9999	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
CPT Codes	47146	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
CPT Codes	47147	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
CPT Codes	47379	1/1/2001	12/31/9999	Unlisted laparoscopic procedure, liver
CPT Codes	47399	1/1/0001	12/31/9999	Unlisted procedure, liver
CPT Codes	47579	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, biliary tract
CPT Codes	47999	1/1/0001	12/31/9999	Unlisted procedure, biliary tract
CPT Codes	48160	1/1/0001	12/31/9999	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
CPT Codes	48550	1/1/0001	12/31/9999	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
CPT Codes	48551	1/1/2005	12/31/9999	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
CPT Codes	48552	1/1/2005	12/31/9999	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
CPT Codes	48554	1/1/0001	12/31/9999	Transplantation of pancreatic allograft
CPT Codes	48556	1/1/0001	12/31/9999	Removal of transplanted pancreatic allograft
CPT Codes	48999	1/1/0001	12/31/9999	Unlisted procedure, pancreas

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CPT Codes	49329	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
CPT Codes	49411	1/1/2010	12/31/9999	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
CPT Codes	49412	1/1/2011	12/31/9999	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
CPT Codes	49659	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
CPT Codes	49999	1/1/0001	12/31/9999	Unlisted procedure, abdomen, peritoneum and omentum
CPT Codes	50320	1/1/0001	12/31/9999	Donor nephrectomy (including cold preservation); open, from living donor
CPT Codes	50325	1/1/2005	12/31/9999	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
CPT Codes	50327	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
CPT Codes	50328	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
CPT Codes	50329	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
CPT Codes	50340	1/1/0001	12/31/9999	Recipient nephrectomy (separate procedure)
CPT Codes	50360	1/1/0001	12/31/9999	Renal allotransplantation, implantation of graft; without recipient nephrectomy
CPT Codes	50365	1/1/0001	12/31/9999	Renal allotransplantation, implantation of graft; with recipient nephrectomy
CPT Codes	50370	1/1/0001	12/31/9999	Removal of transplanted renal allograft
CPT Codes	50380	1/1/0001	12/31/9999	Renal autotransplantation, reimplantation of kidney
CPT Codes	50547	1/1/0001	12/31/9999	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
CPT Codes	50549	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, renal
CPT Codes	50949	1/1/2001	12/31/9999	Unlisted laparoscopy procedure, ureter
CPT Codes	52287	1/1/2013	12/31/9999	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
CPT Codes	52441	1/1/2015	12/31/9999	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
CPT Codes	52442	1/1/2015	12/31/9999	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
CPT Codes	53860	1/1/2011	12/31/9999	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
CPT Codes	53899	1/1/0001	12/31/9999	Unlisted procedure, urinary system
CPT Codes	54125	1/1/0001	12/31/9999	Amputation of penis; complete
CPT Codes	54161	1/1/0001	12/31/9999	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
CPT Codes	54400	1/1/0001	12/31/9999	Insertion of penile prosthesis; non-inflatable (semi-rigid)
CPT Codes	54401	1/1/0001	12/31/9999	Insertion of penile prosthesis; inflatable (self-contained)
CPT Codes	54405	1/1/0001	12/31/9999	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
CPT Codes	54408	1/1/2002	12/31/9999	Repair of component(s) of a multi-component, inflatable penile prosthesis

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CPT Codes	54410	1/1/2002	12/31/9999	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
CPT Codes	54416	1/1/2002	12/31/9999	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
CPT Codes	54417	1/1/2002	12/31/9999	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
CPT Codes	54660	1/1/0001	12/31/9999	Insertion of testicular prosthesis (separate procedure)
CPT Codes	54699	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, testis
CPT Codes	55875	1/1/2007	12/31/9999	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
CPT Codes	55876	1/1/2007	12/31/9999	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
CPT Codes	55899	1/1/0001	12/31/9999	Unlisted procedure, male genital system
CPT Codes	55920	1/1/2008	12/31/9999	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
CPT Codes	55970	1/1/0001	12/31/9999	Intersex surgery; male to female
CPT Codes	55980	1/1/0001	12/31/9999	Intersex surgery; female to male
CPT Codes	56620	1/1/0001	12/31/9999	Vulvectomy simple; partial
CPT Codes	56805	1/1/0001	12/31/9999	Clitoroplasty for intersex state
CPT Codes	57110	1/1/0001	12/31/9999	Vaginectomy, complete removal of vaginal wall;
CPT Codes	57155	1/1/2002	12/31/9999	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
CPT Codes	57156	1/1/2011	12/31/9999	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
CPT Codes	57291	1/1/0001	12/31/9999	Construction of artificial vagina; without graft
CPT Codes	57292	1/1/0001	12/31/9999	Construction of artificial vagina; with graft
CPT Codes	57335	1/1/0001	12/31/9999	Vaginoplasty for intersex state
CPT Codes	57700	1/1/0001	12/31/9999	Cerclage of uterine cervix, nonobstetrical
CPT Codes	58346	1/1/2002	12/31/9999	Insertion of Heyman capsules for clinical brachytherapy
CPT Codes	58578	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, uterus
CPT Codes	58579	1/1/0001	12/31/9999	Unlisted hysteroscopy procedure, uterus
CPT Codes	58674	1/1/2017	12/31/9999	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
CPT Codes	58679	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, oviduct, ovary
CPT Codes	58999	1/1/0001	12/31/9999	Unlisted procedure, female genital system (nonobstetrical)
CPT Codes	59897	1/1/2004	12/31/9999	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
CPT Codes	59898	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, maternity care and delivery
CPT Codes	59899	1/1/0001	12/31/9999	Unlisted procedure, maternity care and delivery
CPT Codes	60699	1/1/0001	12/31/9999	Unlisted procedure, endocrine system
CPT Codes	61796	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
CPT Codes	61797	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
CPT Codes	61798	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
CPT Codes	61799	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

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CPT Codes	61800	1/1/2009	12/31/9999	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
CPT Codes	61863	1/1/2004	12/31/9999	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
CPT Codes	61867	1/1/2004	12/31/9999	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
CPT Codes	61880	1/1/0001	12/31/9999	Revision or removal of intracranial neurostimulator electrodes
CPT Codes	61885	1/1/0001	12/31/9999	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
CPT Codes	61886	1/1/0001	12/31/9999	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
CPT Codes	61888	1/1/0001	12/31/9999	Revision or removal of cranial neurostimulator pulse generator or receiver
CPT Codes	62263	1/1/0001	12/31/9999	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
CPT Codes	62264	1/1/2003	12/31/9999	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
CPT Codes	62280	1/1/0001	12/31/9999	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
CPT Codes	62281	1/1/0001	12/31/9999	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
CPT Codes	62282	1/1/0001	12/31/9999	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
CPT Codes	62287	1/1/0001	12/31/9999	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
CPT Codes	62290	1/1/0001	12/31/9999	Injection procedure for discography, each level; lumbar
CPT Codes	62291	1/1/0001	12/31/9999	Injection procedure for discography, each level; cervical or thoracic
CPT Codes	62320	1/1/2017	12/31/9999	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
CPT Codes	62321	1/1/2017	12/31/9999	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

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CPT Codes	62322	1/1/2017	12/31/9999	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
CPT Codes	62323	1/1/2017	12/31/9999	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
CPT Codes	62324	1/1/2017	12/31/9999	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
CPT Codes	62325	1/1/2017	12/31/9999	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
CPT Codes	62326	1/1/2017	12/31/9999	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
CPT Codes	62327	1/1/2017	12/31/9999	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
CPT Codes	62350	1/1/0001	12/31/9999	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
CPT Codes	62351	1/1/0001	12/31/9999	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
CPT Codes	62360	1/1/0001	12/31/9999	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
CPT Codes	62361	1/1/0001	12/31/9999	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
CPT Codes	62362	1/1/0001	12/31/9999	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
CPT Codes	62380	1/1/2017	12/31/9999	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
CPT Codes	63005	1/1/0001	12/31/9999	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
CPT Codes	63012	1/1/0001	12/31/9999	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
CPT Codes	63017	1/1/0001	12/31/9999	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar

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CPT Codes	63030	1/1/0001	12/31/9999	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
CPT Codes	63042	1/1/0001	12/31/9999	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
CPT Codes	63047	1/1/0001	12/31/9999	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
CPT Codes	63048	1/1/0001	12/31/9999	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
CPT Codes	63056	1/1/0001	12/31/9999	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
CPT Codes	63057	1/1/0001	12/31/9999	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
CPT Codes	63087	1/1/0001	12/31/9999	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
CPT Codes	63088	1/1/0001	12/31/9999	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)
CPT Codes	63090	1/1/0001	12/31/9999	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
CPT Codes	63091	1/1/0001	12/31/9999	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)
CPT Codes	63620	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
CPT Codes	63621	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)
CPT Codes	63650	1/1/0001	12/31/9999	Percutaneous implantation of neurostimulator electrode array, epidural
CPT Codes	63655	1/1/0001	12/31/9999	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
CPT Codes	63685	1/1/0001	12/31/9999	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
CPT Codes	64479	1/1/0001	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
CPT Codes	64480	1/1/0001	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
CPT Codes	64483	1/1/0001	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

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CPT Codes	64484	1/1/0001	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
CPT Codes	64490	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
CPT Codes	64491	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
CPT Codes	64492	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
CPT Codes	64493	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
CPT Codes	64494	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
CPT Codes	64495	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
CPT Codes	64510	1/1/0001	12/31/9999	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
CPT Codes	64520	1/1/0001	12/31/9999	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
CPT Codes	64553	1/1/0001	12/31/9999	Percutaneous implantation of neurostimulator electrode array; cranial nerve
CPT Codes	64555	1/1/0001	12/31/9999	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
CPT Codes	64561	1/1/2002	12/31/9999	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
CPT Codes	64566	1/1/2011	12/31/9999	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
CPT Codes	64568	1/1/2011	12/31/9999	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
CPT Codes	64569	1/1/2011	12/31/9999	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
CPT Codes	64575	1/1/0001	12/31/9999	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
CPT Codes	64581	1/1/2002	12/31/9999	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
CPT Codes	64590	1/1/0001	12/31/9999	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
CPT Codes	64611	1/1/2011	12/31/9999	Chemodenervation of parotid and submandibular salivary glands, bilateral
CPT Codes	64612	1/1/0001	12/31/9999	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
CPT Codes	64615	1/1/2013	12/31/9999	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
CPT Codes	64620	1/1/0001	12/31/9999	Destruction by neurolytic agent, intercostal nerve

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CPT Codes	64633	1/1/2012	12/31/9999	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
CPT Codes	64634	1/1/2012	12/31/9999	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
CPT Codes	64635	1/1/2012	12/31/9999	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
CPT Codes	64636	1/1/2012	12/31/9999	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
CPT Codes	64804	1/1/0001	12/31/9999	Sympathectomy, cervicothoracic
CPT Codes	64999	1/1/0001	12/31/9999	Unlisted procedure, nervous system
CPT Codes	65710	1/1/0001	12/31/9999	Keratoplasty (corneal transplant); anterior lamellar
CPT Codes	65760	1/1/0001	12/31/9999	Keratomileusis
CPT Codes	65765	1/1/0001	12/31/9999	Keratophakia
CPT Codes	65767	1/1/0001	12/31/9999	Epikeratoplasty
CPT Codes	65771	1/1/0001	12/31/9999	Radial keratotomy
CPT Codes	65772	1/1/0001	12/31/9999	Corneal relaxing incision for correction of surgically induced astigmatism
CPT Codes	65785	1/1/2016	12/31/9999	Implantation of intrastromal corneal ring segments
CPT Codes	66174	1/1/2011	12/31/9999	Transluminal dilation of aqueous outflow canal; without retention of device or stent
CPT Codes	66175	1/1/2011	12/31/9999	Transluminal dilation of aqueous outflow canal; with retention of device or stent
CPT Codes	66179	1/1/2015	12/31/9999	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
CPT Codes	66183	1/1/2014	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
CPT Codes	66184	1/1/2015	12/31/9999	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
CPT Codes	66999	1/1/0001	12/31/9999	Unlisted procedure, anterior segment of eye
CPT Codes	67299	1/1/0001	12/31/9999	Unlisted procedure, posterior segment
CPT Codes	67399	1/1/0001	12/31/9999	Unlisted procedure, extraocular muscle
CPT Codes	67599	1/1/0001	12/31/9999	Unlisted procedure, orbit
CPT Codes	67900	1/1/0001	12/31/9999	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
CPT Codes	67901	1/1/0001	12/31/9999	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
CPT Codes	67902	1/1/0001	12/31/9999	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
CPT Codes	67903	1/1/0001	12/31/9999	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
CPT Codes	67904	1/1/0001	12/31/9999	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
CPT Codes	67906	1/1/0001	12/31/9999	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
CPT Codes	67908	1/1/0001	12/31/9999	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
CPT Codes	67909	1/1/0001	12/31/9999	Reduction of overcorrection of ptosis
CPT Codes	67911	1/1/0001	12/31/9999	Correction of lid retraction
CPT Codes	67999	1/1/0001	12/31/9999	Unlisted procedure, eyelids
CPT Codes	68899	1/1/0001	12/31/9999	Unlisted procedure, lacrimal system
CPT Codes	69300	1/1/0001	12/31/9999	Otoplasty, protruding ear, with or without size reduction
CPT Codes	69399	1/1/0001	12/31/9999	Unlisted procedure, external ear

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CPT Codes	69714	1/1/2001	12/31/9999	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
CPT Codes	69715	1/1/2001	12/31/9999	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
CPT Codes	69717	1/1/2001	12/31/9999	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
CPT Codes	69718	1/1/2001	12/31/9999	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
CPT Codes	69799	1/1/0001	12/31/9999	Unlisted procedure, middle ear
CPT Codes	69930	1/1/0001	12/31/9999	Cochlear device implantation, with or without mastoidectomy
CPT Codes	69949	1/1/0001	12/31/9999	Unlisted procedure, inner ear
CPT Codes	69979	1/1/0001	12/31/9999	Unlisted procedure, temporal bone, middle fossa approach
CPT Codes	70336	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
CPT Codes	70450	1/1/0001	12/31/9999	Computed tomography, head or brain; without contrast material
CPT Codes	70460	1/1/0001	12/31/9999	Computed tomography, head or brain; with contrast material(s)
CPT Codes	70470	1/1/0001	12/31/9999	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
CPT Codes	70480	1/1/0001	12/31/9999	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
CPT Codes	70481	1/1/0001	12/31/9999	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
CPT Codes	70482	1/1/0001	12/31/9999	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
CPT Codes	70486	1/1/0001	12/31/9999	Computed tomography, maxillofacial area; without contrast material
CPT Codes	70487	1/1/0001	12/31/9999	Computed tomography, maxillofacial area; with contrast material(s)
CPT Codes	70488	1/1/0001	12/31/9999	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
CPT Codes	70490	1/1/0001	12/31/9999	Computed tomography, soft tissue neck; without contrast material
CPT Codes	70491	1/1/0001	12/31/9999	Computed tomography, soft tissue neck; with contrast material(s)
CPT Codes	70492	1/1/0001	12/31/9999	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
CPT Codes	70496	1/1/2001	12/31/9999	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	70498	1/1/2001	12/31/9999	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	70540	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
CPT Codes	70542	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
CPT Codes	70543	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	70544	1/1/2001	12/31/9999	Magnetic resonance angiography, head; without contrast material(s)
CPT Codes	70545	1/1/2001	12/31/9999	Magnetic resonance angiography, head; with contrast material(s)

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CPT Codes	70546	1/1/2001	12/31/9999	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	70547	1/1/2001	12/31/9999	Magnetic resonance angiography, neck; without contrast material(s)
CPT Codes	70548	1/1/2001	12/31/9999	Magnetic resonance angiography, neck; with contrast material(s)
CPT Codes	70549	1/1/2001	12/31/9999	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	70551	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
CPT Codes	70552	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
CPT Codes	70553	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
CPT Codes	70554	1/1/2007	12/31/9999	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
CPT Codes	70555	1/1/2007	12/31/9999	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
CPT Codes	71250	1/1/0001	12/31/9999	Computed tomography, thorax; without contrast material
CPT Codes	71260	1/1/0001	12/31/9999	Computed tomography, thorax; with contrast material(s)
CPT Codes	71270	1/1/0001	12/31/9999	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
CPT Codes	71275	1/1/2001	12/31/9999	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	71550	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
CPT Codes	71551	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
CPT Codes	71552	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	71555	1/1/0001	12/31/9999	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
CPT Codes	72125	1/1/0001	12/31/9999	Computed tomography, cervical spine; without contrast material
CPT Codes	72126	1/1/0001	12/31/9999	Computed tomography, cervical spine; with contrast material
CPT Codes	72127	1/1/0001	12/31/9999	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CPT Codes	72128	1/1/0001	12/31/9999	Computed tomography, thoracic spine; without contrast material
CPT Codes	72129	1/1/0001	12/31/9999	Computed tomography, thoracic spine; with contrast material
CPT Codes	72130	1/1/0001	12/31/9999	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CPT Codes	72131	1/1/0001	12/31/9999	Computed tomography, lumbar spine; without contrast material
CPT Codes	72132	1/1/0001	12/31/9999	Computed tomography, lumbar spine; with contrast material
CPT Codes	72133	1/1/0001	12/31/9999	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
CPT Codes	72141	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material

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CPT Codes	72142	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
CPT Codes	72146	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
CPT Codes	72147	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
CPT Codes	72148	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
CPT Codes	72149	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
CPT Codes	72156	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
CPT Codes	72157	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
CPT Codes	72158	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
CPT Codes	72159	1/1/0001	12/31/9999	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
CPT Codes	72191	1/1/2001	12/31/9999	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	72192	1/1/0001	12/31/9999	Computed tomography, pelvis; without contrast material
CPT Codes	72193	1/1/0001	12/31/9999	Computed tomography, pelvis; with contrast material(s)
CPT Codes	72194	1/1/0001	12/31/9999	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
CPT Codes	72195	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
CPT Codes	72196	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
CPT Codes	72197	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	72198	1/1/0001	12/31/9999	Magnetic resonance angiography, pelvis, with or without contrast material(s)
CPT Codes	72285	1/1/0001	12/31/9999	Discography, cervical or thoracic, radiological supervision and interpretation
CPT Codes	73200	1/1/0001	12/31/9999	Computed tomography, upper extremity; without contrast material
CPT Codes	73201	1/1/0001	12/31/9999	Computed tomography, upper extremity; with contrast material(s)
CPT Codes	73202	1/1/0001	12/31/9999	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
CPT Codes	73206	1/1/2001	12/31/9999	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	73218	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
CPT Codes	73219	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
CPT Codes	73220	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	73221	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
CPT Codes	73222	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
CPT Codes	73223	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	73225	1/1/0001	12/31/9999	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
CPT Codes	73700	1/1/0001	12/31/9999	Computed tomography, lower extremity; without contrast material

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CPT Codes	73701	1/1/0001	12/31/9999	Computed tomography, lower extremity; with contrast material(s)
CPT Codes	73702	1/1/0001	12/31/9999	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
CPT Codes	73706	1/1/2001	12/31/9999	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	73718	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
CPT Codes	73719	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
CPT Codes	73720	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	73721	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
CPT Codes	73722	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
CPT Codes	73723	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
CPT Codes	73725	1/1/0001	12/31/9999	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
CPT Codes	74150	1/1/0001	12/31/9999	Computed tomography, abdomen; without contrast material
CPT Codes	74160	1/1/0001	12/31/9999	Computed tomography, abdomen; with contrast material(s)
CPT Codes	74170	1/1/0001	12/31/9999	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
CPT Codes	74174	1/1/2012	12/31/9999	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	74175	1/1/2001	12/31/9999	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	74176	1/1/2011	12/31/9999	Computed tomography, abdomen and pelvis; without contrast material
CPT Codes	74177	1/1/2011	12/31/9999	Computed tomography, abdomen and pelvis; with contrast material(s)
CPT Codes	74178	1/1/2011	12/31/9999	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
CPT Codes	74181	1/1/0001	12/31/9999	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
CPT Codes	74182	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
CPT Codes	74183	1/1/2001	12/31/9999	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
CPT Codes	74185	1/1/0001	12/31/9999	Magnetic resonance angiography, abdomen, with or without contrast material(s)
CPT Codes	74261	1/1/2010	12/31/9999	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CPT Codes	74262	1/1/2010	12/31/9999	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
CPT Codes	74263	1/1/2010	12/31/9999	Computed tomographic (CT) colonography, screening, including image postprocessing
CPT Codes	75557	1/1/2008	12/31/9999	Cardiac magnetic resonance imaging for morphology and function without contrast material;
CPT Codes	75559	1/1/2008	12/31/9999	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
CPT Codes	75561	1/1/2008	12/31/9999	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;

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CPT Codes	75563	1/1/2008	12/31/9999	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
CPT Codes	75565	1/1/2010	12/31/9999	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
CPT Codes	75571	1/1/2010	12/31/9999	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
CPT Codes	75572	1/1/2010	12/31/9999	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
CPT Codes	75573	1/1/2010	12/31/9999	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
CPT Codes	75574	1/1/2010	12/31/9999	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
CPT Codes	75635	1/1/2001	12/31/9999	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT Codes	76377	1/1/2006	12/31/9999	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
CPT Codes	76380	1/1/0001	12/31/9999	Computed tomography, limited or localized follow-up study
CPT Codes	76390	1/1/0001	12/31/9999	Magnetic resonance spectroscopy
CPT Codes	76497	1/1/2003	12/31/9999	Unlisted computed tomography procedure (eg, diagnostic, interventional)
CPT Codes	76498	1/1/2003	12/31/9999	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
CPT Codes	76499	1/1/0001	12/31/9999	Unlisted diagnostic radiographic procedure
CPT Codes	76873	1/1/0001	12/31/9999	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
CPT Codes	76965	1/1/0001	12/31/9999	Ultrasonic guidance for interstitial radioelement application
CPT Codes	77011	1/1/2007	12/31/9999	Computed tomography guidance for stereotactic localization
CPT Codes	77014	1/1/2007	12/31/9999	Computed tomography guidance for placement of radiation therapy fields
CPT Codes	77058	1/1/2007	12/31/9999	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
CPT Codes	77059	1/1/2007	12/31/9999	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
CPT Codes	77061	1/1/2015	12/31/9999	Digital breast tomosynthesis; unilateral
CPT Codes	77062	1/1/2015	12/31/9999	Digital breast tomosynthesis; bilateral
CPT Codes	77078	1/1/2007	12/31/9999	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
CPT Codes	77084	1/1/2007	12/31/9999	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
CPT Codes	77261	1/1/0001	12/31/9999	Therapeutic radiology treatment planning; simple
CPT Codes	77262	1/1/0001	12/31/9999	Therapeutic radiology treatment planning; intermediate
CPT Codes	77263	1/1/0001	12/31/9999	Therapeutic radiology treatment planning; complex
CPT Codes	77280	1/1/0001	12/31/9999	Therapeutic radiology simulation-aided field setting; simple

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CPT Codes	77285	1/1/0001	12/31/9999	Therapeutic radiology simulation-aided field setting; intermediate
CPT Codes	77290	1/1/0001	12/31/9999	Therapeutic radiology simulation-aided field setting; complex
CPT Codes	77293	1/1/2014	12/31/9999	Respiratory motion management simulation (List separately in addition to code for primary procedure)
CPT Codes	77295	1/1/0001	12/31/9999	3-dimensional radiotherapy plan, including dose-volume histograms
CPT Codes	77299	1/1/0001	12/31/9999	Unlisted procedure, therapeutic radiology clinical treatment planning
CPT Codes	77300	1/1/0001	12/31/9999	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
CPT Codes	77301	1/1/2002	12/31/9999	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
CPT Codes	77306	1/1/2015	12/31/9999	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
CPT Codes	77307	1/1/2015	12/31/9999	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
CPT Codes	77316	1/1/2015	12/31/9999	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
CPT Codes	77317	1/1/2015	12/31/9999	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
CPT Codes	77318	1/1/2015	12/31/9999	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
CPT Codes	77321	1/1/0001	12/31/9999	Special teletherapy port plan, particles, hemibody, total body
CPT Codes	77331	1/1/0001	12/31/9999	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
CPT Codes	77332	1/1/0001	12/31/9999	Treatment devices, design and construction; simple (simple block, simple bolus)
CPT Codes	77333	1/1/0001	12/31/9999	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
CPT Codes	77334	1/1/0001	12/31/9999	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
CPT Codes	77336	1/1/0001	12/31/9999	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
CPT Codes	77338	1/1/2010	12/31/9999	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
CPT Codes	77370	1/1/0001	12/31/9999	Special medical radiation physics consultation
CPT Codes	77371	1/1/2007	12/31/9999	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
CPT Codes	77372	1/1/2007	12/31/9999	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
CPT Codes	77373	1/1/2007	12/31/9999	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

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CPT Codes	77385	1/1/2015	12/31/9999	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
CPT Codes	77386	1/1/2015	12/31/9999	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
CPT Codes	77387	1/1/2015	12/31/9999	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
CPT Codes	77399	1/1/0001	12/31/9999	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
CPT Codes	77401	1/1/0001	12/31/9999	Radiation treatment delivery, superficial and/or ortho voltage, per day
CPT Codes	77402	1/1/0001	12/31/9999	Radiation treatment delivery, >=1 MeV; simple
CPT Codes	77407	1/1/0001	12/31/9999	Radiation treatment delivery, >=1 MeV; intermediate
CPT Codes	77412	1/1/0001	12/31/9999	Radiation treatment delivery, >=1 MeV; complex
CPT Codes	77417	1/1/0001	12/31/9999	Therapeutic radiology port image(s)
CPT Codes	77423	1/1/2006	12/31/9999	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
CPT Codes	77424	1/1/2012	12/31/9999	Intraoperative radiation treatment delivery, x-ray, single treatment session
CPT Codes	77425	1/1/2012	12/31/9999	Intraoperative radiation treatment delivery, electrons, single treatment session
CPT Codes	77427	1/1/0001	12/31/9999	Radiation treatment management, 5 treatments
CPT Codes	77431	1/1/0001	12/31/9999	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
CPT Codes	77432	1/1/0001	12/31/9999	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
CPT Codes	77435	1/1/2007	12/31/9999	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
CPT Codes	77469	1/1/2012	12/31/9999	Intraoperative radiation treatment management
CPT Codes	77470	1/1/0001	12/31/9999	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
CPT Codes	77499	1/1/0001	12/31/9999	Unlisted procedure, therapeutic radiology treatment management
CPT Codes	77520	1/1/0001	12/31/9999	Proton treatment delivery; simple, without compensation
CPT Codes	77522	1/1/2001	12/31/9999	Proton treatment delivery; simple, with compensation
CPT Codes	77523	1/1/0001	12/31/9999	Proton treatment delivery; intermediate
CPT Codes	77525	1/1/2001	12/31/9999	Proton treatment delivery; complex
CPT Codes	77600	1/1/0001	12/31/9999	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
CPT Codes	77605	1/1/0001	12/31/9999	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
CPT Codes	77610	1/1/0001	12/31/9999	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
CPT Codes	77615	1/1/0001	12/31/9999	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
CPT Codes	77620	1/1/0001	12/31/9999	Hyperthermia generated by intracavitary probe(s)
CPT Codes	77750	1/1/0001	12/31/9999	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
CPT Codes	77761	1/1/0001	12/31/9999	Intracavitary radiation source application; simple
CPT Codes	77762	1/1/0001	12/31/9999	Intracavitary radiation source application; intermediate
CPT Codes	77763	1/1/0001	12/31/9999	Intracavitary radiation source application; complex
CPT Codes	77767	1/1/2016	12/31/9999	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

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CPT Codes	77768	1/1/2016	12/31/9999	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
CPT Codes	77770	1/1/2016	12/31/9999	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
CPT Codes	77771	1/1/2016	12/31/9999	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
CPT Codes	77772	1/1/2016	12/31/9999	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
CPT Codes	77778	1/1/0001	12/31/9999	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
CPT Codes	77789	1/1/0001	12/31/9999	Surface application of low dose rate radionuclide source
CPT Codes	77790	1/1/0001	12/31/9999	Supervision, handling, loading of radiation source
CPT Codes	77799	1/1/0001	12/31/9999	Unlisted procedure, clinical brachytherapy
CPT Codes	78199	1/1/0001	12/31/9999	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
CPT Codes	78399	1/1/0001	12/31/9999	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
CPT Codes	78451	1/1/2010	12/31/9999	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
CPT Codes	78452	1/1/2010	12/31/9999	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
CPT Codes	78453	1/1/2010	12/31/9999	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
CPT Codes	78454	1/1/2010	12/31/9999	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
CPT Codes	78456	1/1/0001	12/31/9999	Acute venous thrombosis imaging, peptide
CPT Codes	78459	1/1/0001	12/31/9999	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
CPT Codes	78466	1/1/0001	12/31/9999	Myocardial imaging, infarct avid, planar; qualitative or quantitative
CPT Codes	78468	1/1/0001	12/31/9999	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
CPT Codes	78469	1/1/0001	12/31/9999	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
CPT Codes	78472	1/1/0001	12/31/9999	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
CPT Codes	78473	1/1/0001	12/31/9999	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification

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CPT Codes	78481	1/1/0001	12/31/9999	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
CPT Codes	78483	1/1/0001	12/31/9999	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
CPT Codes	78491	1/1/0001	12/31/9999	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
CPT Codes	78492	1/1/0001	12/31/9999	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
CPT Codes	78494	1/1/0001	12/31/9999	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
CPT Codes	78496	1/1/0001	12/31/9999	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
CPT Codes	78499	1/1/0001	12/31/9999	Unlisted cardiovascular procedure, diagnostic nuclear medicine
CPT Codes	78608	1/1/0001	12/31/9999	Brain imaging, positron emission tomography (PET); metabolic evaluation
CPT Codes	78609	1/1/0001	12/31/9999	Brain imaging, positron emission tomography (PET); perfusion evaluation
CPT Codes	78811	1/1/2005	12/31/9999	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
CPT Codes	78812	1/1/2005	12/31/9999	Positron emission tomography (PET) imaging; skull base to mid-thigh
CPT Codes	78813	1/1/2005	12/31/9999	Positron emission tomography (PET) imaging; whole body
CPT Codes	78814	1/1/2005	12/31/9999	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
CPT Codes	78815	1/1/2005	12/31/9999	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
CPT Codes	78816	1/1/2005	12/31/9999	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
CPT Codes	81161	1/1/2013	12/31/9999	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
CPT Codes	81162	1/1/2016	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis
CPT Codes	81170	1/1/2016	12/31/9999	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
CPT Codes	81201	1/1/2013	12/31/9999	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
CPT Codes	81202	1/1/2013	12/31/9999	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants
CPT Codes	81203	1/1/2013	12/31/9999	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
CPT Codes	81210	1/1/2012	12/31/9999	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)

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CPT Codes	81211	1/1/2012	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
CPT Codes	81212	1/1/2012	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
CPT Codes	81213	1/1/2012	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants
CPT Codes	81214	1/1/2012	12/31/9999	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
CPT Codes	81215	1/1/2012	12/31/9999	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
CPT Codes	81216	1/1/2012	12/31/9999	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CPT Codes	81217	1/1/2012	12/31/9999	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
CPT Codes	81219	1/1/2016	12/31/9999	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
CPT Codes	81223	1/1/2012	12/31/9999	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence
CPT Codes	81226	1/1/2012	12/31/9999	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
CPT Codes	81228	1/1/2012	12/31/9999	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
CPT Codes	81229	1/1/2012	12/31/9999	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
CPT Codes	81235	1/1/2013	12/31/9999	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
CPT Codes	81240	1/1/2012	12/31/9999	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
CPT Codes	81241	1/1/2012	12/31/9999	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
CPT Codes	81243	1/1/2012	12/31/9999	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
CPT Codes	81244	1/1/2012	12/31/9999	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)
CPT Codes	81246	1/1/2015	12/31/9999	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
CPT Codes	81252	1/1/2013	12/31/9999	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
CPT Codes	81253	1/1/2013	12/31/9999	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
CPT Codes	81254	1/1/2013	12/31/9999	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])

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CPT Codes	81287	1/1/2014	12/31/9999	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis
CPT Codes	81288	1/1/2015	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
CPT Codes	81292	1/1/2012	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT Codes	81293	1/1/2012	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT Codes	81294	1/1/2012	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT Codes	81295	1/1/2012	12/31/9999	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT Codes	81296	1/1/2012	12/31/9999	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT Codes	81297	1/1/2012	12/31/9999	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT Codes	81298	1/1/2012	12/31/9999	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT Codes	81299	1/1/2012	12/31/9999	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT Codes	81300	1/1/2012	12/31/9999	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT Codes	81301	1/1/2012	12/31/9999	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
CPT Codes	81302	1/1/2012	12/31/9999	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis
CPT Codes	81304	1/1/2012	12/31/9999	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants
CPT Codes	81313	1/1/2015	12/31/9999	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)
CPT Codes	81317	1/1/2012	12/31/9999	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT Codes	81318	1/1/2012	12/31/9999	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT Codes	81319	1/1/2012	12/31/9999	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT Codes	81321	1/1/2013	12/31/9999	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
CPT Codes	81322	1/1/2013	12/31/9999	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
CPT Codes	81323	1/1/2013	12/31/9999	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
CPT Codes	81324	1/1/2013	12/31/9999	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis

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CPT Codes	81325	1/1/2013	12/31/9999	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
CPT Codes	81326	1/1/2013	12/31/9999	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
CPT Codes	81327	1/1/2017	12/31/9999	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis
CPT Codes	81331	1/1/2012	12/31/9999	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
CPT Codes	81332	1/1/2012	12/31/9999	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
CPT Codes	81400	1/1/2012	12/31/9999	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)
CPT Codes	81401	1/1/2012	12/31/9999	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)
CPT Codes	81402	1/1/2012	12/31/9999	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])
CPT Codes	81403	1/1/2012	12/31/9999	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
CPT Codes	81404	1/1/2012	12/31/9999	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)
CPT Codes	81405	1/1/2012	12/31/9999	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)
CPT Codes	81406	1/1/2012	12/31/9999	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)
CPT Codes	81407	1/1/2012	12/31/9999	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)
CPT Codes	81408	1/1/2012	12/31/9999	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)
CPT Codes	81410	1/1/2015	12/31/9999	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
CPT Codes	81411	1/1/2015	12/31/9999	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1

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CPT Codes	81412	1/1/2016	12/31/9999	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
CPT Codes	81413	1/1/2017	12/31/9999	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
CPT Codes	81414	1/1/2017	12/31/9999	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
CPT Codes	81415	1/1/2015	12/31/9999	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
CPT Codes	81416	1/1/2015	12/31/9999	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
CPT Codes	81417	1/1/2015	12/31/9999	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
CPT Codes	81422	1/1/2017	12/31/9999	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
CPT Codes	81425	1/1/2015	12/31/9999	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
CPT Codes	81426	1/1/2015	12/31/9999	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)
CPT Codes	81427	1/1/2015	12/31/9999	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
CPT Codes	81430	1/1/2015	12/31/9999	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1
CPT Codes	81431	1/1/2015	12/31/9999	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes
CPT Codes	81432	1/1/2016	12/31/9999	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53
CPT Codes	81433	1/1/2016	12/31/9999	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11

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CPT Codes	81434	1/1/2016	12/31/9999	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
CPT Codes	81435	1/1/2015	12/31/9999	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
CPT Codes	81436	1/1/2015	12/31/9999	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11
CPT Codes	81437	1/1/2016	12/31/9999	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL
CPT Codes	81438	1/1/2016	12/31/9999	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
CPT Codes	81439	1/1/2017	12/31/9999	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)
CPT Codes	81440	1/1/2015	12/31/9999	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
CPT Codes	81442	1/1/2016	12/31/9999	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1
CPT Codes	81445	1/1/2015	12/31/9999	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
CPT Codes	81450	1/1/2015	12/31/9999	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed

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CPT Codes	81455	1/1/2015	12/31/9999	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
CPT Codes	81460	1/1/2015	12/31/9999	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
CPT Codes	81465	1/1/2015	12/31/9999	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
CPT Codes	81470	1/1/2015	12/31/9999	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
CPT Codes	81471	1/1/2015	12/31/9999	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
CPT Codes	81479	1/1/2013	12/31/9999	Unlisted molecular pathology procedure
CPT Codes	81490	1/1/2016	12/31/9999	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score
CPT Codes	81493	1/1/2016	12/31/9999	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
CPT Codes	81500	1/1/2013	12/31/9999	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
CPT Codes	81503	1/1/2013	12/31/9999	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
CPT Codes	81504	1/1/2014	12/31/9999	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
CPT Codes	81506	1/1/2013	12/31/9999	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
CPT Codes	81519	1/1/2015	12/31/9999	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
CPT Codes	81525	1/1/2016	12/31/9999	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
CPT Codes	81535	1/1/2016	12/31/9999	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination

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CPT Codes	81536	1/1/2016	12/31/9999	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)
CPT Codes	81538	1/1/2016	12/31/9999	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival
CPT Codes	81539	1/1/2017	12/31/9999	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
CPT Codes	81540	1/1/2016	12/31/9999	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
CPT Codes	81545	1/1/2016	12/31/9999	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
CPT Codes	81595	1/1/2016	12/31/9999	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
CPT Codes	81599	1/1/2013	12/31/9999	Unlisted multianalyte assay with algorithmic analysis
CPT Codes	83006	1/1/2015	12/31/9999	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)
CPT Codes	84999	1/1/0001	12/31/9999	Unlisted chemistry procedure
CPT Codes	85999	1/1/0001	12/31/9999	Unlisted hematology and coagulation procedure
CPT Codes	86486	1/1/2008	12/31/9999	Skin test; unlisted antigen, each
CPT Codes	86849	1/1/0001	12/31/9999	Unlisted immunology procedure
CPT Codes	88299	1/1/0001	12/31/9999	Unlisted cytogenetic study
CPT Codes	88375	1/1/2013	12/31/9999	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session
CPT Codes	88749	1/1/2011	12/31/9999	Unlisted in vivo (eg, transcutaneous) laboratory service
CPT Codes	89240	1/1/2004	12/31/9999	Unlisted miscellaneous pathology test
CPT Codes	89251	1/1/0001	12/31/9999	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
CPT Codes	89329	1/1/0001	12/31/9999	Sperm evaluation; hamster penetration test
CPT Codes	89335	1/1/2004	12/31/9999	Cryopreservation, reproductive tissue, testicular
CPT Codes	89337	1/1/2015	12/31/9999	Cryopreservation, mature oocyte(s)
CPT Codes	89344	1/1/2004	12/31/9999	Storage (per year); reproductive tissue, testicular/ovarian
CPT Codes	89346	1/1/2004	12/31/9999	Storage (per year); oocyte(s)
CPT Codes	89354	1/1/2004	12/31/9999	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
CPT Codes	89356	1/1/2004	12/31/9999	Thawing of cryopreserved; oocytes, each aliquot
CPT Codes	89398	1/1/2010	12/31/9999	Unlisted reproductive medicine laboratory procedure
CPT Codes	90281	1/1/0001	12/31/9999	Immune globulin (Ig), human, for intramuscular use
CPT Codes	90283	1/1/0001	12/31/9999	Immune globulin (IgIV), human, for intravenous use
CPT Codes	90284	1/1/2008	12/31/9999	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
CPT Codes	90378	1/1/0001	12/31/9999	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
CPT Codes	90399	1/1/0001	12/31/9999	Unlisted immune globulin
CPT Codes	90749	1/1/0001	12/31/9999	Unlisted vaccine/toxoid

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CPT Codes	90867	1/1/2011	12/31/9999	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
CPT Codes	90868	1/1/2011	12/31/9999	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
CPT Codes	90869	1/1/2012	12/31/9999	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
CPT Codes	90899	1/1/0001	12/31/9999	Unlisted psychiatric service or procedure
CPT Codes	91111	1/1/2007	12/31/9999	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
CPT Codes	91112	1/1/2013	12/31/9999	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
CPT Codes	91117	1/1/2011	12/31/9999	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
CPT Codes	91200	1/1/2015	12/31/9999	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
CPT Codes	91299	1/1/0001	12/31/9999	Unlisted diagnostic gastroenterology procedure
CPT Codes	92499	1/1/0001	12/31/9999	Unlisted ophthalmological service or procedure
CPT Codes	92507	1/1/0001	12/31/9999	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
CPT Codes	92700	1/1/2003	12/31/9999	Unlisted otorhinolaryngological service or procedure
CPT Codes	92971	1/1/0001	12/31/9999	Cardioassist-method of circulatory assist; external
CPT Codes	93350	1/1/0001	12/31/9999	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
CPT Codes	93351	1/1/2009	12/31/9999	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
CPT Codes	93451	1/1/2011	12/31/9999	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
CPT Codes	93452	1/1/2011	12/31/9999	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
CPT Codes	93453	1/1/2011	12/31/9999	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
CPT Codes	93454	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
CPT Codes	93455	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
CPT Codes	93456	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

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CPT Codes	93457	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
CPT Codes	93458	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
CPT Codes	93459	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
CPT Codes	93460	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
CPT Codes	93461	1/1/2011	12/31/9999	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
CPT Codes	93530	1/1/0001	12/31/9999	Right heart catheterization, for congenital cardiac anomalies
CPT Codes	93531	1/1/0001	12/31/9999	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
CPT Codes	93532	1/1/0001	12/31/9999	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
CPT Codes	93533	1/1/0001	12/31/9999	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
CPT Codes	93580	1/1/2003	12/31/9999	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
CPT Codes	93582	1/1/2014	12/31/9999	Percutaneous transcatheter closure of patent ductus arteriosus
CPT Codes	93583	1/1/2014	12/31/9999	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
CPT Codes	93590	1/1/2017	12/31/9999	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
CPT Codes	93591	1/1/2017	12/31/9999	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
CPT Codes	93592	1/1/2017	12/31/9999	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
CPT Codes	93644	1/1/2015	12/31/9999	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

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CPT Codes	93702	1/1/2015	12/31/9999	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
CPT Codes	93799	1/1/0001	12/31/9999	Unlisted cardiovascular service or procedure
CPT Codes	93895	1/1/2015	12/31/9999	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
CPT Codes	93998	1/1/2012	12/31/9999	Unlisted noninvasive vascular diagnostic study
CPT Codes	94799	1/1/0001	12/31/9999	Unlisted pulmonary service or procedure
CPT Codes	95782	1/1/2013	12/31/9999	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
CPT Codes	95783	1/1/2013	12/31/9999	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
CPT Codes	95800	1/1/2011	12/31/9999	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
CPT Codes	95801	1/1/2011	12/31/9999	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
CPT Codes	95803	1/1/2009	12/31/9999	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
CPT Codes	95805	1/1/0001	12/31/9999	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
CPT Codes	95806	1/1/0001	12/31/9999	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
CPT Codes	95807	1/1/0001	12/31/9999	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
CPT Codes	95808	1/1/0001	12/31/9999	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
CPT Codes	95810	1/1/0001	12/31/9999	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
CPT Codes	95811	1/1/0001	12/31/9999	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
CPT Codes	95999	1/1/0001	12/31/9999	Unlisted neurological or neuromuscular diagnostic procedure
CPT Codes	96920	1/1/2003	12/31/9999	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
CPT Codes	96921	1/1/2003	12/31/9999	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
CPT Codes	96922	1/1/2003	12/31/9999	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
CPT Codes	96999	1/1/0001	12/31/9999	Unlisted special dermatological service or procedure
CPT Codes	97610	1/1/2014	12/31/9999	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
CPT Codes	99183	1/1/0001	12/31/9999	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
CPT Codes	99199	1/1/0001	12/31/9999	Unlisted special service, procedure or report
CPT Codes	99512	1/1/2002	12/31/9999	Home visit for hemodialysis
CPT Codes	99600	1/1/2003	12/31/9999	Unlisted home visit service or procedure
CPT Codes - MAAAO	0004M	7/1/2013	12/31/9999	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score

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CPT Codes - MAAA0	0007M	7/1/2014	12/31/9999	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index
CPT Codes - PLA	0001U	2/1/2017	12/31/9999	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
CPT Codes - PLA	0002U	2/1/2017	12/31/9999	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
CPT Codes - PLA	0003U	2/1/2017	12/31/9999	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score
CPT Codes - PLA	0005U	5/1/2017	12/31/9999	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score
CPT Codes - PLA	0006U	8/1/2017	12/31/9999	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service
CPT Codes - PLA	0007U	8/1/2017	12/31/9999	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
CPT Codes - PLA	0008U	8/1/2017	12/31/9999	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin
CPT Codes - PLA	0009U	8/1/2017	12/31/9999	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified
CPT Codes - PLA	0010U	8/1/2017	12/31/9999	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate
CPT Codes - PLA	0011U	8/1/2017	12/31/9999	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
CPT Codes - PLA	0012U	8/1/2017	12/31/9999	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)
CPT Codes - PLA	0013U	8/1/2017	12/31/9999	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)
CPT Codes - PLA	0014U	8/1/2017	12/31/9999	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)
CPT Codes - PLA	0015U	8/1/2017	12/31/9999	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support

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CPT Codes - PLA	0016U	8/1/2017	12/31/9999	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
CPT Codes - PLA	0017U	8/1/2017	12/31/9999	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected
HCPCS Codes	A0140	01/01/85	12/31/9999	Non-emergency transportation and air travel (private or commercial) intra or inter state
HCPCS Codes	A0430	01/01/01	12/31/9999	Ambulance service, conventional air services, transport, one way (fixed wing)
HCPCS Codes	A0435	01/01/01	12/31/9999	Fixed wing air mileage, per statute mile
HCPCS Codes	A0999	01/01/87	12/31/9999	Unlisted ambulance service
HCPCS Codes	A4555	01/01/14	12/31/9999	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
HCPCS Codes	A4641	01/01/94	12/31/9999	Radiopharmaceutical, diagnostic, not otherwise classified
HCPCS Codes	A4648	01/01/08	12/31/9999	Tissue marker, implantable, any type, each
HCPCS Codes	A4650	01/01/08	12/31/9999	Implantable radiation dosimeter, each
HCPCS Codes	A7047	01/01/14	12/31/9999	Oral interface used with respiratory suction pump, each
HCPCS Codes	A9606	01/01/15	12/31/9999	Radium ra-223 dichloride, therapeutic, per microcurie
HCPCS Codes	C1715	01/01/04	12/31/9999	Brachytherapy needle
HCPCS Codes	C1716	04/01/01	12/31/9999	Brachytherapy source, non-stranded, gold-198, per source
HCPCS Codes	C1717	01/01/04	12/31/9999	Brachytherapy source, non-stranded, high dose rate iridium-192, per source
HCPCS Codes	C1719	04/01/01	12/31/9999	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source
HCPCS Codes	C1728	01/01/04	12/31/9999	Catheter, brachytherapy seed administration
HCPCS Codes	C1762	01/01/04	12/31/9999	Connective tissue, human (includes fascia lata)
HCPCS Codes	C1767	01/01/04	12/31/9999	Generator, neurostimulator (implantable), non-rechargeable
HCPCS Codes	C1778	01/01/04	12/31/9999	Lead, neurostimulator (implantable)
HCPCS Codes	C1787	01/01/04	12/31/9999	Patient programmer, neurostimulator
HCPCS Codes	C1816	01/01/04	12/31/9999	Receiver and/or transmitter, neurostimulator (implantable)
HCPCS Codes	C1820	01/01/06	12/31/9999	Generator, neurostimulator (implantable), with rechargeable battery and charging system
HCPCS Codes	C1821	01/01/07	12/31/9999	Interspinous process distraction device (implantable)
HCPCS Codes	C1822	01/01/16	12/31/9999	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
HCPCS Codes	C1840	10/01/11	12/31/9999	Lens, intraocular (telescopic)
HCPCS Codes	C1841	10/01/13	12/31/9999	Retinal prosthesis, includes all internal and external components
HCPCS Codes	C1842	01/01/17	12/31/9999	Retinal prosthesis, includes all internal and external components; add-on to C1841
HCPCS Codes	C1883	01/01/04	12/31/9999	Adapter/extension, pacing lead or neurostimulator lead (implantable)
HCPCS Codes	C1889	01/01/17	12/31/9999	Implantable/insertable device for device intensive procedure, not otherwise classified
HCPCS Codes	C1897	01/01/04	12/31/9999	Lead, neurostimulator test kit (implantable)
HCPCS Codes	C2614	01/01/03	12/31/9999	Probe, percutaneous lumbar discectomy

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HCPCS Codes	C2616	04/01/01	12/31/9999	Brachytherapy source, non-stranded, yttrium-90, per source
HCPCS Codes	C2624	01/01/15	12/31/9999	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
HCPCS Codes	C2634	01/01/05	12/31/9999	Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mci (nist), per source
HCPCS Codes	C2635	01/01/05	12/31/9999	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mci (nist), per source
HCPCS Codes	C2636	01/01/05	12/31/9999	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm
HCPCS Codes	C2637	10/01/05	12/31/9999	Brachytherapy source, non-stranded, ytterbium-169, per source
HCPCS Codes	C2638	07/01/07	12/31/9999	Brachytherapy source, stranded, iodine-125, per source
HCPCS Codes	C2639	07/01/07	12/31/9999	Brachytherapy source, non-stranded, iodine-125, per source
HCPCS Codes	C2640	07/01/07	12/31/9999	Brachytherapy source, stranded, palladium-103, per source
HCPCS Codes	C2641	07/01/07	12/31/9999	Brachytherapy source, non-stranded, palladium-103, per source
HCPCS Codes	C2642	07/01/07	12/31/9999	Brachytherapy source, stranded, cesium-131, per source
HCPCS Codes	C2643	07/01/07	12/31/9999	Brachytherapy source, non-stranded, cesium-131, per source
HCPCS Codes	C2644	07/01/14	12/31/9999	Brachytherapy source, cesium-131 chloride solution, per millicurie
HCPCS Codes	C2645	01/01/16	12/31/9999	Brachytherapy planar source, palladium-103, per square millimeter
HCPCS Codes	C2698	07/01/07	12/31/9999	Brachytherapy source, stranded, not otherwise specified, per source
HCPCS Codes	C2699	07/01/07	12/31/9999	Brachytherapy source, non-stranded, not otherwise specified, per source
HCPCS Codes	C5271	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
HCPCS Codes	C5272	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
HCPCS Codes	C5273	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
HCPCS Codes	C5274	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
HCPCS Codes	C5275	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
HCPCS Codes	C5276	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
HCPCS Codes	C5277	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

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HCPCS Codes	C5278	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
HCPCS Codes	C8900	10/01/01	12/31/9999	Magnetic resonance angiography with contrast, abdomen
HCPCS Codes	C8901	10/01/01	12/31/9999	Magnetic resonance angiography without contrast, abdomen
HCPCS Codes	C8902	10/01/01	12/31/9999	Magnetic resonance angiography without contrast followed by with contrast, abdomen
HCPCS Codes	C8903	10/01/01	12/31/9999	Magnetic resonance imaging with contrast, breast; unilateral
HCPCS Codes	C8904	10/01/01	12/31/9999	Magnetic resonance imaging without contrast, breast; unilateral
HCPCS Codes	C8905	10/01/01	12/31/9999	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
HCPCS Codes	C8906	10/01/01	12/31/9999	Magnetic resonance imaging with contrast, breast; bilateral
HCPCS Codes	C8907	10/01/01	12/31/9999	Magnetic resonance imaging without contrast, breast; bilateral
HCPCS Codes	C8908	10/01/01	12/31/9999	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
HCPCS Codes	C8909	10/01/01	12/31/9999	Magnetic resonance angiography with contrast, chest (excluding myocardium)
HCPCS Codes	C8910	10/01/01	12/31/9999	Magnetic resonance angiography without contrast, chest (excluding myocardium)
HCPCS Codes	C8911	10/01/01	12/31/9999	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)
HCPCS Codes	C8912	10/01/01	12/31/9999	Magnetic resonance angiography with contrast, lower extremity
HCPCS Codes	C8913	10/01/01	12/31/9999	Magnetic resonance angiography without contrast, lower extremity
HCPCS Codes	C8914	10/01/01	12/31/9999	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
HCPCS Codes	C8918	07/01/03	12/31/9999	Magnetic resonance angiography with contrast, pelvis
HCPCS Codes	C8919	07/01/03	12/31/9999	Magnetic resonance angiography without contrast, pelvis
HCPCS Codes	C8920	07/01/03	12/31/9999	Magnetic resonance angiography without contrast followed by with contrast, pelvis
HCPCS Codes	C8931	10/01/10	12/31/9999	Magnetic resonance angiography with contrast, spinal canal and contents
HCPCS Codes	C8932	10/01/10	12/31/9999	Magnetic resonance angiography without contrast, spinal canal and contents
HCPCS Codes	C8933	10/01/10	12/31/9999	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
HCPCS Codes	C8934	10/01/10	12/31/9999	Magnetic resonance angiography with contrast, upper extremity
HCPCS Codes	C8935	10/01/10	12/31/9999	Magnetic resonance angiography without contrast, upper extremity
HCPCS Codes	C8936	10/01/10	12/31/9999	Magnetic resonance angiography without contrast followed by with contrast, upper extremity
HCPCS Codes	C9140	01/01/17	12/31/9999	Injection, factor viii (antihemophilic factor, recombinant) (afstyl), 1 i.u.
HCPCS Codes	C9352	01/01/08	12/31/9999	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length
HCPCS Codes	C9353	01/01/08	12/31/9999	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length
HCPCS Codes	C9358	07/01/08	12/31/9999	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters
HCPCS Codes	C9360	07/01/09	12/31/9999	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters

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HCPCS Codes	C9364	07/01/09	12/31/9999	Porcine implant, permacol, per square centimeter
HCPCS Codes	C9399	01/01/04	12/31/9999	Unclassified drugs or biologicals
HCPCS Codes	C9483	10/01/16	12/31/9999	Injection, atezolizumab, 10 mg
HCPCS Codes	C9484	04/01/17	12/31/9999	Injection, eteplirsen, 10 mg
HCPCS Codes	C9485	04/01/17	12/31/9999	Injection, olaratumab, 10 mg
HCPCS Codes	C9486	04/01/17	12/31/9999	Injection, granisetron extended release, 0.1 mg
HCPCS Codes	C9489	07/01/17	12/31/9999	Injection, nusinersen, 0.1 mg
HCPCS Codes	C9491	10/01/17	12/31/9999	Injection, avelumab, 10 mg
HCPCS Codes	C9492	10/01/17	12/31/9999	Injection, durvalumab, 10 mg
HCPCS Codes	C9493	10/01/17	12/31/9999	Injection, edaravone, 1 mg
HCPCS Codes	C9494	10/01/17	12/31/9999	Injection, ocrelizumab, 1 mg
HCPCS Codes	C9725	10/01/05	12/31/9999	Placement of endorectal intracavitary applicator for high intensity brachytherapy
HCPCS Codes	C9726	01/01/06	12/31/9999	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure
HCPCS Codes	C9727	10/01/06	12/31/9999	Insertion of implants into the soft palate; minimum of three implants
HCPCS Codes	C9728	07/01/07	12/31/9999	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple
HCPCS Codes	C9734	04/01/13	12/31/9999	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
HCPCS Codes	C9739	04/01/14	12/31/9999	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
HCPCS Codes	C9740	04/01/14	12/31/9999	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
HCPCS Codes	C9741	10/01/14	12/31/9999	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report
HCPCS Codes	E0118	01/01/04	12/31/9999	Crutch substitute, lower leg platform, with or without wheels, each
HCPCS Codes	E0446	01/01/11	12/31/9999	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
HCPCS Codes	E0481	01/01/02	12/31/9999	Intrapulmonary percussive ventilation system and related accessories
HCPCS Codes	E0483	01/01/03	12/31/9999	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
HCPCS Codes	E0604	01/01/02	12/31/9999	Breast pump, hospital grade, electric (ac and / or dc), any type
HCPCS Codes	E0627	01/01/92	12/31/9999	Seat lift mechanism, electric, any type
HCPCS Codes	E0629	01/01/92	12/31/9999	Seat lift mechanism, non-electric, any type
HCPCS Codes	E0635	01/01/86	12/31/9999	Patient lift, electric with seat or sling
HCPCS Codes	E0637	01/01/04	12/31/9999	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
HCPCS Codes	E0638	01/01/04	12/31/9999	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels

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HCPCS Codes	E0639	01/01/05	12/31/9999	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
HCPCS Codes	E0640	01/01/05	12/31/9999	Patient lift, fixed system, includes all components/accessories
HCPCS Codes	E0641	01/01/06	12/31/9999	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
HCPCS Codes	E0642	01/01/06	12/31/9999	Standing frame/table system, mobile (dynamic stander), any size including pediatric
HCPCS Codes	E0656	01/01/09	12/31/9999	Segmental pneumatic appliance for use with pneumatic compressor, trunk
HCPCS Codes	E0657	01/01/09	12/31/9999	Segmental pneumatic appliance for use with pneumatic compressor, chest
HCPCS Codes	E0670	01/01/13	12/31/9999	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
HCPCS Codes	E0691	01/01/03	12/31/9999	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
HCPCS Codes	E0692	01/01/03	12/31/9999	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
HCPCS Codes	E0693	01/01/03	12/31/9999	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
HCPCS Codes	E0747	01/01/86	12/31/9999	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications
HCPCS Codes	E0748	01/01/96	12/31/9999	Osteogenesis stimulator, electrical, non-invasive, spinal applications
HCPCS Codes	E0760	01/01/97	12/31/9999	Osteogenesis stimulator, low intensity ultrasound, non-invasive
HCPCS Codes	E0764	01/01/06	12/31/9999	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
HCPCS Codes	E0766	01/01/14	12/31/9999	Electrical stimulation device used for cancer treatment, includes all accessories, any type
HCPCS Codes	E0770	01/01/09	12/31/9999	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
HCPCS Codes	E0782	01/01/86	12/31/9999	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)
HCPCS Codes	E0783	01/01/95	12/31/9999	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
HCPCS Codes	E0784	01/01/96	12/31/9999	External ambulatory infusion pump, insulin
HCPCS Codes	E0785	01/01/99	12/31/9999	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
HCPCS Codes	E0786	01/01/01	12/31/9999	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
HCPCS Codes	E0986	01/01/04	12/31/9999	Manual wheelchair accessory, push-rim activated power assist system
HCPCS Codes	E1002	01/01/04	12/31/9999	Wheelchair accessory, power seating system, tilt only
HCPCS Codes	E1003	01/01/04	12/31/9999	Wheelchair accessory, power seating system, recline only, without shear reduction
HCPCS Codes	E1004	01/01/04	12/31/9999	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
HCPCS Codes	E1005	01/01/04	12/31/9999	Wheelchair accessory, power seating system, recline only, with power shear reduction
HCPCS Codes	E1006	01/01/04	12/31/9999	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
HCPCS Codes	E1007	01/01/04	12/31/9999	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
HCPCS Codes	E1008	01/01/04	12/31/9999	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
HCPCS Codes	E1009	01/01/04	12/31/9999	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each

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HCPCS Codes	E1010	01/01/04	12/31/9999	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
HCPCS Codes	E1220	01/01/86	12/31/9999	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
HCPCS Codes	E1229	01/01/05	12/31/9999	Wheelchair, pediatric size, not otherwise specified
HCPCS Codes	E1230	01/01/86	12/31/9999	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
HCPCS Codes	E1239	01/01/05	12/31/9999	Power wheelchair, pediatric size, not otherwise specified
HCPCS Codes	E1399	01/01/86	12/31/9999	Durable medical equipment, miscellaneous
HCPCS Codes	E1902	01/01/02	12/31/9999	Communication board, non-electronic augmentative or alternative communication device
HCPCS Codes	E2300	01/01/04	12/31/9999	Wheelchair accessory, power seat elevation system, any type
HCPCS Codes	E2301	01/01/04	12/31/9999	Wheelchair accessory, power standing system, any type
HCPCS Codes	E2502	01/01/04	12/31/9999	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
HCPCS Codes	E2504	01/01/04	12/31/9999	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
HCPCS Codes	E2506	01/01/04	12/31/9999	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
HCPCS Codes	E2508	01/01/04	12/31/9999	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
HCPCS Codes	E2510	01/01/04	12/31/9999	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
HCPCS Codes	E2511	01/01/04	12/31/9999	Speech generating software program, for personal computer or personal digital assistant
HCPCS Codes	E2512	01/01/04	12/31/9999	Accessory for speech generating device, mounting system
HCPCS Codes	E2599	01/01/04	12/31/9999	Accessory for speech generating device, not otherwise classified
HCPCS Codes	G0153	07/01/99	12/31/9999	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
HCPCS Codes	G0166	01/01/00	12/31/9999	External counterpulsation, per treatment session
HCPCS Codes	G0219	07/01/01	12/31/9999	Pet imaging whole body; melanoma for non-covered indications
HCPCS Codes	G0235	01/01/06	12/31/9999	Pet imaging, any site, not otherwise specified
HCPCS Codes	G0252	10/01/02	12/31/9999	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
HCPCS Codes	G0260	01/01/03	12/31/9999	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
HCPCS Codes	G0277	01/01/15	12/31/9999	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
HCPCS Codes	G0279	01/01/15	12/31/9999	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)
HCPCS Codes	G0297	02/05/15	12/31/9999	Low dose ct scan (ldct) for lung cancer screening
HCPCS Codes	G0339	01/01/04	12/31/9999	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment

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HCPCS Codes	G0340	01/01/04	12/31/9999	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment
HCPCS Codes	G0341	10/01/04	12/31/9999	Percutaneous islet cell transplant, includes portal vein catheterization and infusion
HCPCS Codes	G0342	10/01/04	12/31/9999	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion
HCPCS Codes	G0343	10/01/04	12/31/9999	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion
HCPCS Codes	G0398	03/13/08	12/31/9999	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation
HCPCS Codes	G0399	03/13/08	12/31/9999	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation
HCPCS Codes	G0400	03/13/08	12/31/9999	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels
HCPCS Codes	G0422	01/01/10	12/31/9999	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session
HCPCS Codes	G0423	01/01/10	12/31/9999	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session
HCPCS Codes	G0428	05/25/10	12/31/9999	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)
HCPCS Codes	G0429	03/23/10	12/31/9999	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)
HCPCS Codes	G0448	01/01/12	12/31/9999	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
HCPCS Codes	G0455	01/01/13	12/31/9999	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
HCPCS Codes	G0458	01/01/13	12/31/9999	Low dose rate (ldr) prostate brachytherapy services, composite rate
HCPCS Codes	G0460	08/02/12	12/31/9999	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
HCPCS Codes	G6001	01/01/15	12/31/9999	Ultrasonic guidance for placement of radiation therapy fields
HCPCS Codes	G6002	01/01/15	12/31/9999	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
HCPCS Codes	G6003	01/01/15	12/31/9999	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
HCPCS Codes	G6004	01/01/15	12/31/9999	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
HCPCS Codes	G6005	01/01/15	12/31/9999	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev
HCPCS Codes	G6006	01/01/15	12/31/9999	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater
HCPCS Codes	G6007	01/01/15	12/31/9999	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev
HCPCS Codes	G6008	01/01/15	12/31/9999	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev
HCPCS Codes	G6009	01/01/15	12/31/9999	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev

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HCPCS Codes	G6010	01/01/15	12/31/9999	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
HCPCS Codes	G6011	01/01/15	12/31/9999	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
HCPCS Codes	G6012	01/01/15	12/31/9999	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev
HCPCS Codes	G6013	01/01/15	12/31/9999	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev
HCPCS Codes	G6014	01/01/15	12/31/9999	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater
HCPCS Codes	G6015	01/01/15	12/31/9999	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
HCPCS Codes	G6016	01/01/15	12/31/9999	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
HCPCS Codes	G6017	01/01/15	12/31/9999	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
HCPCS Codes	G9012	10/01/01	12/31/9999	Other specified case management service not elsewhere classified
HCPCS Codes	G9143	08/03/09	12/31/9999	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
HCPCS Codes	G9147	12/23/09	12/31/9999	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (uun); and/or, arterial, venous or capillary glucose; and/or potassium concentration
HCPCS Codes	H0015	01/01/01	12/31/9999	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
HCPCS Codes	H0031	01/01/03	12/31/9999	Mental health assessment, by non-physician
HCPCS Codes	H0032	01/01/03	12/31/9999	Mental health service plan development by non-physician
HCPCS Codes	H0035	01/01/03	12/31/9999	Mental health partial hospitalization, treatment, less than 24 hours
HCPCS Codes	H0046	01/01/03	12/31/9999	Mental health services, not otherwise specified
HCPCS Codes	H2012	04/01/03	12/31/9999	Behavioral health day treatment, per hour
HCPCS Codes	H2016	04/01/03	12/31/9999	Comprehensive community support services, per diem
HCPCS Codes	H2019	04/01/03	12/31/9999	Therapeutic behavioral services, per 15 minutes
HCPCS Codes	J0129	01/01/07	12/31/9999	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
HCPCS Codes	J0135	01/01/05	12/31/9999	Injection, adalimumab, 20 mg
HCPCS Codes	J0178	01/01/13	12/31/9999	Injection, aflibercept, 1 mg
HCPCS Codes	J0180	01/01/05	12/31/9999	Injection, agalsidase beta, 1 mg

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HCPCS Codes	J0202	01/01/16	12/31/9999	Injection, alemtuzumab, 1 mg
HCPCS Codes	J0205	01/01/93	12/31/9999	Injection, alglucerase, per 10 units
HCPCS Codes	J0215	01/01/04	12/31/9999	Injection, alefacept, 0.5 mg
HCPCS Codes	J0220	01/01/08	12/31/9999	Injection, alglucosidase alfa, 10 mg, not otherwise specified
HCPCS Codes	J0221	01/01/12	12/31/9999	Injection, alglucosidase alfa, (lumizyme), 10 mg
HCPCS Codes	J0256	01/01/89	12/31/9999	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg
HCPCS Codes	J0257	01/01/12	12/31/9999	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg
HCPCS Codes	J0364	01/01/07	12/31/9999	Injection, apomorphine hydrochloride, 1 mg
HCPCS Codes	J0470	01/01/82	12/31/9999	Injection, dimercaprol, per 100 mg
HCPCS Codes	J0490	01/01/12	12/31/9999	Injection, belimumab, 10 mg
HCPCS Codes	J0585	01/01/91	12/31/9999	Injection, onabotulinumtoxina, 1 unit
HCPCS Codes	J0586	01/01/10	12/31/9999	Injection, abobotulinumtoxina, 5 units
HCPCS Codes	J0587	01/01/02	12/31/9999	Injection, rimabotulinumtoxinb, 100 units
HCPCS Codes	J0588	01/01/12	12/31/9999	Injection, incobotulinumtoxin a, 1 unit
HCPCS Codes	J0596	01/01/16	12/31/9999	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
HCPCS Codes	J0597	01/01/11	12/31/9999	Injection, c-1 esterase inhibitor (human), berinert, 10 units
HCPCS Codes	J0598	01/01/10	12/31/9999	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
HCPCS Codes	J0600	01/01/82	12/31/9999	Injection, edetate calcium disodium, up to 1000 mg
HCPCS Codes	J0638	01/01/11	12/31/9999	Injection, canakinumab, 1 mg
HCPCS Codes	J0717	01/01/14	12/31/9999	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
HCPCS Codes	J0725	01/01/86	12/31/9999	Injection, chorionic gonadotropin, per 1,000 usp units
HCPCS Codes	J0775	01/01/11	12/31/9999	Injection, collagenase, clostridium histolyticum, 0.01 mg
HCPCS Codes	J0800	01/01/82	12/31/9999	Injection, corticotropin, up to 40 units
HCPCS Codes	J0881	01/01/06	12/31/9999	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
HCPCS Codes	J0882	01/01/06	12/31/9999	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
HCPCS Codes	J0885	01/01/06	12/31/9999	Injection, epoetin alfa, (for non-esrd use), 1000 units
HCPCS Codes	J0887	01/01/15	12/31/9999	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
HCPCS Codes	J0888	01/01/15	12/31/9999	Injection, epoetin beta, 1 microgram, (for non esrd use)
HCPCS Codes	J0890	01/01/13	12/31/9999	Injection, peginesatide, 0.1 mg (for esrd on dialysis)
HCPCS Codes	J0897	01/01/12	12/31/9999	Injection, denosumab, 1 mg
HCPCS Codes	J1290	01/01/11	12/31/9999	Injection, ecallantide, 1 mg
HCPCS Codes	J1300	01/01/08	12/31/9999	Injection, eculizumab, 10 mg
HCPCS Codes	J1322	01/01/15	12/31/9999	Injection, elosulfase alfa, 1 mg

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HCPCS Codes	J1325	01/01/98	12/31/9999	Injection, epoprostenol, 0.5 mg
HCPCS Codes	J1438	01/01/00	12/31/9999	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
HCPCS Codes	J1439	01/01/15	12/31/9999	Injection, ferric carboxymaltose, 1 mg
HCPCS Codes	J1442	01/01/14	12/31/9999	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
HCPCS Codes	J1443	01/01/16	12/31/9999	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
HCPCS Codes	J1447	01/01/16	12/31/9999	Injection, tbo-filgrastim, 1 microgram
HCPCS Codes	J1458	01/01/07	12/31/9999	Injection, galsulfase, 1 mg
HCPCS Codes	J1459	01/01/09	12/31/9999	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
HCPCS Codes	J1556	01/01/14	12/31/9999	Injection, immune globulin (bivigam), 500 mg
HCPCS Codes	J1557	01/01/12	12/31/9999	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
HCPCS Codes	J1559	01/01/11	12/31/9999	Injection, immune globulin (hizentra), 100 mg
HCPCS Codes	J1561	01/01/08	12/31/9999	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
HCPCS Codes	J1562	01/01/07	12/31/9999	Injection, immune globulin (vivaglobin), 100 mg
HCPCS Codes	J1566	01/01/06	12/31/9999	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
HCPCS Codes	J1568	01/01/08	12/31/9999	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
HCPCS Codes	J1569	01/01/08	12/31/9999	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
HCPCS Codes	J1572	01/01/08	12/31/9999	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg
HCPCS Codes	J1575	01/01/16	12/31/9999	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
HCPCS Codes	J1595	01/01/04	12/31/9999	Injection, glatiramer acetate, 20 mg
HCPCS Codes	J1599	01/01/11	12/31/9999	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
HCPCS Codes	J1602	01/01/14	12/31/9999	Injection, golimumab, 1 mg, for intravenous use
HCPCS Codes	J1620	01/01/82	12/31/9999	Injection, gonadorelin hydrochloride, per 100 mcg
HCPCS Codes	J1675	01/01/06	12/31/9999	Injection, histrelin acetate, 10 micrograms
HCPCS Codes	J1725	01/01/12	12/31/9999	Injection, hydroxyprogesterone caproate, 1 mg
HCPCS Codes	J1743	01/01/08	12/31/9999	Injection, idursulfase, 1 mg
HCPCS Codes	J1744	01/01/13	12/31/9999	Injection, icatibant, 1 mg
HCPCS Codes	J1745	01/01/00	12/31/9999	Injection, infliximab, excludes biosimilar, 10 mg
HCPCS Codes	J1786	01/01/11	12/31/9999	Injection, imiglucerase, 10 units
HCPCS Codes	J1826	01/01/11	12/31/9999	Injection, interferon beta-1a, 30 mcg
HCPCS Codes	J1830	01/01/82	12/31/9999	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
HCPCS Codes	J1930	01/01/09	12/31/9999	Injection, lanreotide, 1 mg
HCPCS Codes	J1931	01/01/05	12/31/9999	Injection, laronidase, 0.1 mg

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HCPCS Codes	J2170	01/01/07	12/31/9999	Injection, mecasermin, 1 mg
HCPCS Codes	J2182	01/01/17	12/31/9999	Injection, mepolizumab, 1 mg
HCPCS Codes	J2323	01/01/08	12/31/9999	Injection, natalizumab, 1 mg
HCPCS Codes	J2353	01/01/04	12/31/9999	Injection, octreotide, depot form for intramuscular injection, 1 mg
HCPCS Codes	J2354	01/01/04	12/31/9999	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg
HCPCS Codes	J2357	01/01/05	12/31/9999	Injection, omalizumab, 5 mg
HCPCS Codes	J2502	01/01/16	12/31/9999	Injection, pasireotide long acting, 1 mg
HCPCS Codes	J2503	01/01/06	12/31/9999	Injection, pegaptanib sodium, 0.3 mg
HCPCS Codes	J2504	01/01/06	12/31/9999	Injection, pegademase bovine, 25 iu
HCPCS Codes	J2505	01/01/04	12/31/9999	Injection, pegfilgrastim, 6 mg
HCPCS Codes	J2507	01/01/12	12/31/9999	Injection, pegloticase, 1 mg
HCPCS Codes	J2547	01/01/16	12/31/9999	Injection, peramivir, 1 mg
HCPCS Codes	J2562	01/01/10	12/31/9999	Injection, plerixafor, 1 mg
HCPCS Codes	J2724	01/01/08	12/31/9999	Injection, protein c concentrate, intravenous, human, 10 iu
HCPCS Codes	J2778	01/01/08	12/31/9999	Injection, ranibizumab, 0.1 mg
HCPCS Codes	J2786	01/01/17	12/31/9999	Injection, reslizumab, 1 mg
HCPCS Codes	J2793	01/01/10	12/31/9999	Injection, riloncept, 1 mg
HCPCS Codes	J2796	01/01/10	12/31/9999	Injection, romiplostim, 10 micrograms
HCPCS Codes	J2840	01/01/17	12/31/9999	Injection, sebelipase alfa, 1 mg
HCPCS Codes	J2860	01/01/16	12/31/9999	Injection, siltuximab, 10 mg
HCPCS Codes	J2940	01/01/02	12/31/9999	Injection, somatrem, 1 mg
HCPCS Codes	J2941	01/01/02	12/31/9999	Injection, somatropin, 1 mg
HCPCS Codes	J3060	01/01/14	12/31/9999	Injection, taliglucerase alfa, 10 units
HCPCS Codes	J3110	01/01/05	12/31/9999	Injection, teriparatide, 10 mcg
HCPCS Codes	J3145	01/01/15	12/31/9999	Injection, testosterone undecanoate, 1 mg
HCPCS Codes	J3262	01/01/11	12/31/9999	Injection, tocilizumab, 1 mg
HCPCS Codes	J3285	01/01/06	12/31/9999	Injection, treprostinil, 1 mg
HCPCS Codes	J3355	01/01/06	12/31/9999	Injection, urofollitropin, 75 iu
HCPCS Codes	J3357	01/01/11	12/31/9999	Ustekinumab, for subcutaneous injection, 1 mg
HCPCS Codes	J3380	01/01/16	12/31/9999	Injection, vedolizumab, 1 mg
HCPCS Codes	J3385	01/01/11	12/31/9999	Injection, velaglucerase alfa, 100 units
HCPCS Codes	J3490	01/01/86	12/31/9999	Unclassified drugs
HCPCS Codes	J3520	01/01/86	12/31/9999	Edetate disodium, per 150 mg
HCPCS Codes	J3590	01/01/03	12/31/9999	Unclassified biologics

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HCPCS Codes	J7175	01/01/17	12/31/9999	Injection, factor x, (human), 1 i.u.
HCPCS Codes	J7178	01/01/13	12/31/9999	Injection, human fibrinogen concentrate, 1 mg
HCPCS Codes	J7179	01/01/17	12/31/9999	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
HCPCS Codes	J7180	01/01/12	12/31/9999	Injection, factor xiii (antihemophilic factor, human), 1 i.u.
HCPCS Codes	J7181	01/01/15	12/31/9999	Injection, factor xiii a-subunit, (recombinant), per iu
HCPCS Codes	J7182	01/01/15	12/31/9999	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
HCPCS Codes	J7183	01/01/12	12/31/9999	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0
HCPCS Codes	J7185	01/01/10	12/31/9999	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.
HCPCS Codes	J7186	01/01/09	12/31/9999	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
HCPCS Codes	J7187	01/01/07	12/31/9999	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0
HCPCS Codes	J7188	01/01/16	12/31/9999	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
HCPCS Codes	J7189	01/01/06	12/31/9999	Factor viia (antihemophilic factor, recombinant), per 1 microgram
HCPCS Codes	J7190	01/01/86	12/31/9999	Factor viii (antihemophilic factor, human) per i.u.
HCPCS Codes	J7191	01/01/96	12/31/9999	Factor viii (antihemophilic factor (porcine)), per i.u.
HCPCS Codes	J7192	01/01/94	12/31/9999	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified
HCPCS Codes	J7193	01/01/02	12/31/9999	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
HCPCS Codes	J7194	01/01/86	12/31/9999	Factor ix, complex, per i.u.
HCPCS Codes	J7195	01/01/02	12/31/9999	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified
HCPCS Codes	J7196	01/01/11	12/31/9999	Injection, antithrombin recombinant, 50 i.u.
HCPCS Codes	J7197	01/01/92	12/31/9999	Antithrombin iii (human), per i.u.
HCPCS Codes	J7198	01/01/00	12/31/9999	Anti-inhibitor, per i.u.
HCPCS Codes	J7199	01/01/00	12/31/9999	Hemophilia clotting factor, not otherwise classified
HCPCS Codes	J7200	01/01/15	12/31/9999	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
HCPCS Codes	J7201	01/01/15	12/31/9999	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.
HCPCS Codes	J7202	01/01/17	12/31/9999	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
HCPCS Codes	J7205	01/01/16	12/31/9999	Injection, factor viii fc fusion protein (recombinant), per iu
HCPCS Codes	J7207	01/01/17	12/31/9999	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
HCPCS Codes	J7209	01/01/17	12/31/9999	Injection, factor viii, (antihemophilic factor, recombinant), (nuwig), 1 i.u.
HCPCS Codes	J7316	01/01/14	12/31/9999	Injection, ocriplasmin, 0.125 mg
HCPCS Codes	J7320	01/01/17	12/31/9999	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
HCPCS Codes	J7321	01/01/08	12/31/9999	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose
HCPCS Codes	J7322	01/01/17	12/31/9999	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
HCPCS Codes	J7323	01/01/08	12/31/9999	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
HCPCS Codes	J7324	01/01/08	12/31/9999	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose

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HCPCS Codes	J7325	01/01/10	12/31/9999	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
HCPCS Codes	J7326	01/01/12	12/31/9999	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
HCPCS Codes	J7327	01/01/15	12/31/9999	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose
HCPCS Codes	J7328	01/01/16	12/31/9999	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg
HCPCS Codes	J7330	01/01/01	12/31/9999	Autologous cultured chondrocytes, implant
HCPCS Codes	J7340	01/01/16	12/31/9999	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
HCPCS Codes	J7686	01/01/11	12/31/9999	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
HCPCS Codes	J7799	01/01/93	12/31/9999	Noc drugs, other than inhalation drugs, administered through dme
HCPCS Codes	J7999	01/01/16	12/31/9999	Compounded drug, not otherwise classified
HCPCS Codes	J9019	01/01/13	12/31/9999	Injection, asparaginase (erwinaze), 1,000 iu
HCPCS Codes	J9032	01/01/16	12/31/9999	Injection, belinostat, 10 mg
HCPCS Codes	J9033	01/01/09	12/31/9999	Injection, bendamustine hcl (treanda), 1 mg
HCPCS Codes	J9034	01/01/17	12/31/9999	Injection, bendamustine hcl (bendeka), 1 mg
HCPCS Codes	J9035	01/01/05	12/31/9999	Injection, bevacizumab, 10 mg
HCPCS Codes	J9039	01/01/16	12/31/9999	Injection, blinatumomab, 1 microgram
HCPCS Codes	J9042	01/01/13	12/31/9999	Injection, brentuximab vedotin, 1 mg
HCPCS Codes	J9043	01/01/12	12/31/9999	Injection, cabazitaxel, 1 mg
HCPCS Codes	J9047	01/01/14	12/31/9999	Injection, carfilzomib, 1 mg
HCPCS Codes	J9055	01/01/05	12/31/9999	Injection, cetuximab, 10 mg
HCPCS Codes	J9145	01/01/17	12/31/9999	Injection, daratumumab, 10 mg
HCPCS Codes	J9176	01/01/17	12/31/9999	Injection, elotuzumab, 1 mg
HCPCS Codes	J9179	01/01/12	12/31/9999	Injection, eribulin mesylate, 0.1 mg
HCPCS Codes	J9205	01/01/17	12/31/9999	Injection, irinotecan liposome, 1 mg
HCPCS Codes	J9212	01/01/99	12/31/9999	Injection, interferon alfacon-1, recombinant, 1 microgram
HCPCS Codes	J9213	01/01/93	12/31/9999	Injection, interferon, alfa-2a, recombinant, 3 million units
HCPCS Codes	J9214	01/01/93	12/31/9999	Injection, interferon, alfa-2b, recombinant, 1 million units
HCPCS Codes	J9215	01/01/93	12/31/9999	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu
HCPCS Codes	J9216	01/01/93	12/31/9999	Injection, interferon, gamma 1-b, 3 million units
HCPCS Codes	J9225	01/01/06	12/31/9999	Histrelin implant (vantas), 50 mg
HCPCS Codes	J9226	01/01/08	12/31/9999	Histrelin implant (supprelin la), 50 mg
HCPCS Codes	J9228	01/01/12	12/31/9999	Injection, ipilimumab, 1 mg
HCPCS Codes	J9262	01/01/14	12/31/9999	Injection, omacetaxine mepesuccinate, 0.01 mg
HCPCS Codes	J9264	01/01/06	12/31/9999	Injection, paclitaxel protein-bound particles, 1 mg

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HCPCS Codes	J9271	01/01/16	12/31/9999	Injection, pembrolizumab, 1 mg
HCPCS Codes	J9295	01/01/17	12/31/9999	Injection, necitumumab, 1 mg
HCPCS Codes	J9299	01/01/16	12/31/9999	Injection, nivolumab, 1 mg
HCPCS Codes	J9301	01/01/15	12/31/9999	Injection, obinutuzumab, 10 mg
HCPCS Codes	J9303	01/01/08	12/31/9999	Injection, panitumumab, 10 mg
HCPCS Codes	J9305	01/01/05	12/31/9999	Injection, pemetrexed, 10 mg
HCPCS Codes	J9306	01/01/14	12/31/9999	Injection, pertuzumab, 1 mg
HCPCS Codes	J9308	01/01/16	12/31/9999	Injection, ramucirumab, 5 mg
HCPCS Codes	J9310	01/01/99	12/31/9999	Injection, rituximab, 100 mg
HCPCS Codes	J9325	01/01/17	12/31/9999	Injection, talimogene laherparepvec, per 1 million plaque forming units
HCPCS Codes	J9352	01/01/17	12/31/9999	Injection, trabectedin, 0.1 mg
HCPCS Codes	J9354	01/01/14	12/31/9999	Injection, ado-trastuzumab emtansine, 1 mg
HCPCS Codes	J9355	01/01/00	12/31/9999	Injection, trastuzumab, 10 mg
HCPCS Codes	J9371	01/01/14	12/31/9999	Injection, vincristine sulfate liposome, 1 mg
HCPCS Codes	J9400	01/01/14	12/31/9999	Injection, ziv-aflibercept, 1 mg
HCPCS Codes	J9999	01/01/86	12/31/9999	Not otherwise classified, antineoplastic drugs
HCPCS Codes	K0005	01/01/94	12/31/9999	Ultralightweight wheelchair
HCPCS Codes	K0009	01/01/94	12/31/9999	Other manual wheelchair/base
HCPCS Codes	K0010	01/01/94	12/31/9999	Standard - weight frame motorized/power wheelchair
HCPCS Codes	K0011	01/01/94	12/31/9999	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
HCPCS Codes	K0012	01/01/94	12/31/9999	Lightweight portable motorized/power wheelchair
HCPCS Codes	K0014	01/01/94	12/31/9999	Other motorized/power wheelchair base
HCPCS Codes	K0108	01/01/94	12/31/9999	Wheelchair component or accessory, not otherwise specified
HCPCS Codes	K0606	07/01/03	12/31/9999	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
HCPCS Codes	K0800	10/01/06	12/31/9999	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0801	10/01/06	12/31/9999	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0802	10/01/06	12/31/9999	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0806	10/01/06	12/31/9999	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0807	10/01/06	12/31/9999	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0808	10/01/06	12/31/9999	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0812	10/01/06	12/31/9999	Power operated vehicle, not otherwise classified
HCPCS Codes	K0813	10/01/06	12/31/9999	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds

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HCPCS Codes	K0814	10/01/06	12/31/9999	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0815	10/01/06	12/31/9999	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0816	10/01/06	12/31/9999	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0820	10/01/06	12/31/9999	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0821	10/01/06	12/31/9999	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0822	10/01/06	12/31/9999	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0823	10/01/06	12/31/9999	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0824	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0825	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0826	10/01/06	12/31/9999	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0827	10/01/06	12/31/9999	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0828	10/01/06	12/31/9999	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS Codes	K0829	10/01/06	12/31/9999	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
HCPCS Codes	K0830	10/01/06	12/31/9999	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0831	10/01/06	12/31/9999	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0835	10/01/06	12/31/9999	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0836	10/01/06	12/31/9999	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0837	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0838	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0839	10/01/06	12/31/9999	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0840	10/01/06	12/31/9999	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS Codes	K0841	10/01/06	12/31/9999	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0842	10/01/06	12/31/9999	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0843	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0848	10/01/06	12/31/9999	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0849	10/01/06	12/31/9999	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds

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HCPCS Codes	K0850	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0851	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0852	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0853	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0854	10/01/06	12/31/9999	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS Codes	K0855	10/01/06	12/31/9999	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
HCPCS Codes	K0856	10/01/06	12/31/9999	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0857	10/01/06	12/31/9999	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0858	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
HCPCS Codes	K0859	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0860	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0861	10/01/06	12/31/9999	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0862	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0863	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0864	10/01/06	12/31/9999	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS Codes	K0868	10/01/06	12/31/9999	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0869	10/01/06	12/31/9999	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0870	10/01/06	12/31/9999	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0871	10/01/06	12/31/9999	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS Codes	K0877	10/01/06	12/31/9999	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0878	10/01/06	12/31/9999	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0879	10/01/06	12/31/9999	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS Codes	K0880	10/01/06	12/31/9999	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
HCPCS Codes	K0884	10/01/06	12/31/9999	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0885	10/01/06	12/31/9999	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
HCPCS Codes	K0886	10/01/06	12/31/9999	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

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HCPCS Codes	K0890	10/01/06	12/31/9999	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
HCPCS Codes	K0891	10/01/06	12/31/9999	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
HCPCS Codes	K0898	10/01/06	12/31/9999	Power wheelchair, not otherwise classified
HCPCS Codes	K0899	10/01/06	12/31/9999	Power mobility device, not coded by dme pdac or does not meet criteria
HCPCS Codes	K0900	07/01/13	12/31/9999	Customized durable medical equipment, other than wheelchair
HCPCS Codes	L1840	01/01/86	12/31/9999	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
HCPCS Codes	L1844	01/01/93	12/31/9999	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
HCPCS Codes	L1846	01/01/88	12/31/9999	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
HCPCS Codes	L2005	01/01/05	12/31/9999	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
HCPCS Codes	L5781	01/01/03	12/31/9999	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
HCPCS Codes	L5782	01/01/03	12/31/9999	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
HCPCS Codes	L5828	01/01/88	12/31/9999	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
HCPCS Codes	L5845	01/01/96	12/31/9999	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
HCPCS Codes	L5848	01/01/03	12/31/9999	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
HCPCS Codes	L5856	01/01/05	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
HCPCS Codes	L5857	01/01/05	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
HCPCS Codes	L5858	01/01/06	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
HCPCS Codes	L5859	01/01/13	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
HCPCS Codes	L5930	01/01/96	12/31/9999	Addition, endoskeletal system, high activity knee control frame
HCPCS Codes	L5969	01/01/14	12/31/9999	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
HCPCS Codes	L5973	01/01/10	12/31/9999	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
HCPCS Codes	L5981	01/01/94	12/31/9999	All lower extremity prostheses, flex-walk system or equal
HCPCS Codes	L5999	01/01/82	12/31/9999	Lower extremity prosthesis, not otherwise specified
HCPCS Codes	L6026	01/01/15	12/31/9999	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
HCPCS Codes	L6611	01/01/07	12/31/9999	Addition to upper extremity prosthesis, external powered, additional switch, any type

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HCPCS Codes	L6638	01/01/03	12/31/9999	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
HCPCS Codes	L6646	01/01/03	12/31/9999	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
HCPCS Codes	L6647	01/01/03	12/31/9999	Upper extremity addition, shoulder lock mechanism, body powered actuator
HCPCS Codes	L6648	01/01/03	12/31/9999	Upper extremity addition, shoulder lock mechanism, external powered actuator
HCPCS Codes	L6715	01/01/12	12/31/9999	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
HCPCS Codes	L6880	01/01/12	12/31/9999	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
HCPCS Codes	L6882	01/01/02	12/31/9999	Microprocessor control feature, addition to upper limb prosthetic terminal device
HCPCS Codes	L6920	01/01/88	12/31/9999	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device
HCPCS Codes	L6925	01/01/88	12/31/9999	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS Codes	L6930	01/01/88	12/31/9999	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS Codes	L6935	01/01/88	12/31/9999	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS Codes	L6940	01/01/88	12/31/9999	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS Codes	L6945	01/01/88	12/31/9999	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS Codes	L6950	01/01/88	12/31/9999	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS Codes	L6955	01/01/88	12/31/9999	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS Codes	L6960	01/01/88	12/31/9999	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS Codes	L6965	01/01/88	12/31/9999	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS Codes	L6970	01/01/88	12/31/9999	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device

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HCPCS Codes	L6975	01/01/88	12/31/9999	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS Codes	L7007	01/01/07	12/31/9999	Electric hand, switch or myoelectric controlled, adult
HCPCS Codes	L7008	01/01/07	12/31/9999	Electric hand, switch or myoelectric, controlled, pediatric
HCPCS Codes	L7009	01/01/07	12/31/9999	Electric hook, switch or myoelectric controlled, adult
HCPCS Codes	L7040	01/01/88	12/31/9999	Prehensile actuator, switch controlled
HCPCS Codes	L7045	01/01/88	12/31/9999	Electric hook, switch or myoelectric controlled, pediatric
HCPCS Codes	L7170	01/01/88	12/31/9999	Electronic elbow, hosmer or equal, switch controlled
HCPCS Codes	L7180	01/01/88	12/31/9999	Electronic elbow, microprocessor sequential control of elbow and terminal device
HCPCS Codes	L7181	01/01/05	12/31/9999	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
HCPCS Codes	L7185	01/01/88	12/31/9999	Electronic elbow, adolescent, variety village or equal, switch controlled
HCPCS Codes	L7186	01/01/89	12/31/9999	Electronic elbow, child, variety village or equal, switch controlled
HCPCS Codes	L7190	01/01/88	12/31/9999	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled
HCPCS Codes	L7191	01/01/89	12/31/9999	Electronic elbow, child, variety village or equal, myoelectronically controlled
HCPCS Codes	L7259	01/01/15	12/31/9999	Electronic wrist rotator, any type
HCPCS Codes	L7499	01/01/85	12/31/9999	Upper extremity prosthesis, not otherwise specified
HCPCS Codes	L8040	01/01/01	12/31/9999	Nasal prosthesis, provided by a non-physician
HCPCS Codes	L8041	01/01/01	12/31/9999	Midfacial prosthesis, provided by a non-physician
HCPCS Codes	L8042	01/01/01	12/31/9999	Orbital prosthesis, provided by a non-physician
HCPCS Codes	L8043	01/01/01	12/31/9999	Upper facial prosthesis, provided by a non-physician
HCPCS Codes	L8044	01/01/01	12/31/9999	Hemi-facial prosthesis, provided by a non-physician
HCPCS Codes	L8045	01/01/01	12/31/9999	Auricular prosthesis, provided by a non-physician
HCPCS Codes	L8046	01/01/01	12/31/9999	Partial facial prosthesis, provided by a non-physician
HCPCS Codes	L8047	01/01/01	12/31/9999	Nasal septal prosthesis, provided by a non-physician
HCPCS Codes	L8048	01/01/01	12/31/9999	Unspecified maxillofacial prosthesis, by report, provided by a non-physician
HCPCS Codes	L8049	01/01/01	12/31/9999	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
HCPCS Codes	L8499	01/01/82	12/31/9999	Unlisted procedure for miscellaneous prosthetic services
HCPCS Codes	L8510	01/01/02	12/31/9999	Voice amplifier
HCPCS Codes	L8605	01/01/13	12/31/9999	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
HCPCS Codes	L8614	01/01/92	12/31/9999	Cochlear device, includes all internal and external components
HCPCS Codes	L8619	01/01/96	12/31/9999	Cochlear implant, external speech processor and controller, integrated system, replacement
HCPCS Codes	L8641	01/01/92	12/31/9999	Metatarsal joint implant

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HCPCS Codes	L8642	01/01/92	12/31/9999	Hallux implant
HCPCS Codes	L8679	01/01/14	12/31/9999	Implantable neurostimulator, pulse generator, any type
HCPCS Codes	L8680	01/01/06	12/31/9999	Implantable neurostimulator electrode, each
HCPCS Codes	L8681	01/01/06	12/31/9999	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
HCPCS Codes	L8682	01/01/06	12/31/9999	Implantable neurostimulator radiofrequency receiver
HCPCS Codes	L8683	01/01/06	12/31/9999	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
HCPCS Codes	L8685	01/01/06	12/31/9999	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
HCPCS Codes	L8686	01/01/06	12/31/9999	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
HCPCS Codes	L8687	01/01/06	12/31/9999	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
HCPCS Codes	L8688	01/01/06	12/31/9999	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
HCPCS Codes	L8689	01/01/06	12/31/9999	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
HCPCS Codes	L8695	01/01/07	12/31/9999	External recharging system for battery (external) for use with implantable neurostimulator, replacement only
HCPCS Codes	Q1004	07/01/99	12/31/9999	New technology intraocular lens category 4 as defined in federal register notice
HCPCS Codes	Q1005	07/01/99	12/31/9999	New technology intraocular lens category 5 as defined in federal register notice
HCPCS Codes	Q2026	07/01/10	12/31/9999	Injection, radiessse, 0.1 ml
HCPCS Codes	Q2028	01/01/14	12/31/9999	Injection, sculptra, 0.5 mg
HCPCS Codes	Q2043	07/01/11	12/31/9999	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
HCPCS Codes	Q3001	07/01/00	12/31/9999	Radioelements for brachytherapy, any type, each
HCPCS Codes	Q3027	01/01/14	12/31/9999	Injection, interferon beta-1a, 1 mcg for intramuscular use
HCPCS Codes	Q3028	01/01/14	12/31/9999	Injection, interferon beta-1a, 1 mcg for subcutaneous use
HCPCS Codes	Q4074	01/01/10	12/31/9999	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms
HCPCS Codes	Q4081	01/01/07	12/31/9999	Injection, epoetin alfa, 100 units (for esrd on dialysis)
HCPCS Codes	Q4082	01/01/07	12/31/9999	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)
HCPCS Codes	Q4100	01/01/09	12/31/9999	Skin substitute, not otherwise specified
HCPCS Codes	Q4102	01/01/09	12/31/9999	Oasis wound matrix, per square centimeter
HCPCS Codes	Q4103	01/01/09	12/31/9999	Oasis burn matrix, per square centimeter
HCPCS Codes	Q4106	01/01/09	12/31/9999	Dermagraft, per square centimeter
HCPCS Codes	Q4107	01/01/09	12/31/9999	Graftjacket, per square centimeter
HCPCS Codes	Q4110	01/01/09	12/31/9999	Primatrix, per square centimeter
HCPCS Codes	Q4111	01/01/09	12/31/9999	Gammagraft, per square centimeter
HCPCS Codes	Q4112	01/01/09	12/31/9999	Cymetra, injectable, 1 cc
HCPCS Codes	Q4113	01/01/09	12/31/9999	Graftjacket xpress, injectable, 1 cc

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HCPCS Codes	Q4114	01/01/09	12/31/9999	Integra flowable wound matrix, injectable, 1 cc
HCPCS Codes	Q4115	07/01/09	12/31/9999	Alloskin, per square centimeter
HCPCS Codes	Q4117	01/01/11	12/31/9999	Hyalomatrix, per square centimeter
HCPCS Codes	Q4118	01/01/11	12/31/9999	Matristem micromatrix, 1 mg
HCPCS Codes	Q4121	01/01/11	12/31/9999	Theraskin, per square centimeter
HCPCS Codes	Q4122	01/01/12	12/31/9999	Dermacell, per square centimeter
HCPCS Codes	Q4123	01/01/12	12/31/9999	Alloskin rt, per square centimeter
HCPCS Codes	Q4124	01/01/12	12/31/9999	Oasis ultra tri-layer wound matrix, per square centimeter
HCPCS Codes	Q4125	01/01/12	12/31/9999	Arthroflex, per square centimeter
HCPCS Codes	Q4126	01/01/12	12/31/9999	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
HCPCS Codes	Q4127	01/01/12	12/31/9999	Talymed, per square centimeter
HCPCS Codes	Q4128	01/01/12	12/31/9999	Flex hd, allopatch hd, or matrix hd, per square centimeter
HCPCS Codes	Q4130	01/01/12	12/31/9999	Strattice tm, per square centimeter
HCPCS Codes	Q4131	01/01/13	12/31/9999	Epifix or epicord, per square centimeter
HCPCS Codes	Q4132	01/01/13	12/31/9999	Grafix core, per square centimeter
HCPCS Codes	Q4133	01/01/13	12/31/9999	Grafix prime, per square centimeter
HCPCS Codes	Q4134	01/01/13	12/31/9999	Hmatrix, per square centimeter
HCPCS Codes	Q4135	01/01/13	12/31/9999	Mediskin, per square centimeter
HCPCS Codes	Q4136	01/01/13	12/31/9999	Ez-derm, per square centimeter
HCPCS Codes	Q4137	01/01/14	12/31/9999	Amnioexcel or biodexcel, per square centimeter
HCPCS Codes	Q4138	01/01/14	12/31/9999	Biodfence dryflex, per square centimeter
HCPCS Codes	Q4139	01/01/14	12/31/9999	Amniomatrix or biodmatrix, injectable, 1 cc
HCPCS Codes	Q4140	01/01/14	12/31/9999	Biodfence, per square centimeter
HCPCS Codes	Q4141	01/01/14	12/31/9999	Alloskin ac, per square centimeter
HCPCS Codes	Q4142	01/01/14	12/31/9999	Xcm biologic tissue matrix, per square centimeter
HCPCS Codes	Q4143	01/01/14	12/31/9999	Repriza, per square centimeter
HCPCS Codes	Q4145	01/01/14	12/31/9999	Epifix, injectable, 1 mg
HCPCS Codes	Q4146	01/01/14	12/31/9999	Tensix, per square centimeter
HCPCS Codes	Q4147	01/01/14	12/31/9999	Architect, architect px, or architect fx, extracellular matrix, per square centimeter
HCPCS Codes	Q4148	01/01/14	12/31/9999	Neox 1k, per square centimeter
HCPCS Codes	Q4149	01/01/14	12/31/9999	Excellagen, 0.1 cc
HCPCS Codes	Q4150	01/01/15	12/31/9999	Allowrap ds or dry, per square centimeter
HCPCS Codes	Q4151	01/01/15	12/31/9999	Amnioband or guardian, per square centimeter
HCPCS Codes	Q4152	01/01/15	12/31/9999	Dermapure, per square centimeter

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HCPCS Codes	Q4153	01/01/15	12/31/9999	Dermavest and plurivest, per square centimeter
HCPCS Codes	Q4154	01/01/15	12/31/9999	Bioavance, per square centimeter
HCPCS Codes	Q4155	01/01/15	12/31/9999	Neoxflo or clarixflo, 1 mg
HCPCS Codes	Q4156	01/01/15	12/31/9999	Neox 100, per square centimeter
HCPCS Codes	Q4157	01/01/15	12/31/9999	Revitalon, per square centimeter
HCPCS Codes	Q4158	01/01/15	12/31/9999	Marigen, per square centimeter
HCPCS Codes	Q4159	01/01/15	12/31/9999	Affinity, per square centimeter
HCPCS Codes	Q4160	01/01/15	12/31/9999	Nushield, per square centimeter
HCPCS Codes	Q4161	01/01/16	12/31/9999	Bio-connekt wound matrix, per square centimeter
HCPCS Codes	Q4162	01/01/16	12/31/9999	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc
HCPCS Codes	Q4163	01/01/16	12/31/9999	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter
HCPCS Codes	Q4164	01/01/16	12/31/9999	Helicoll, per square centimeter
HCPCS Codes	Q4165	01/01/16	12/31/9999	Keramatrix, per square centimeter
HCPCS Codes	Q4166	01/01/17	12/31/9999	Cytal, per square centimeter
HCPCS Codes	Q4167	01/01/17	12/31/9999	Truskin, per square centimeter
HCPCS Codes	Q4168	01/01/17	12/31/9999	Amnioband, 1 mg
HCPCS Codes	Q4169	01/01/17	12/31/9999	Artacent wound, per square centimeter
HCPCS Codes	Q4170	01/01/17	12/31/9999	Cygnus, per square centimeter
HCPCS Codes	Q4171	01/01/17	12/31/9999	Interfyl, 1 mg
HCPCS Codes	Q4172	01/01/17	12/31/9999	Puraply or puraply am, per square centimeter
HCPCS Codes	Q4173	01/01/17	12/31/9999	Palingen or palingen xplus, per square centimeter
HCPCS Codes	Q4174	01/01/17	12/31/9999	Palingen or promatrx, 0.36 mg per 0.25 cc
HCPCS Codes	Q4175	01/01/17	12/31/9999	Miroderm, per square centimeter
HCPCS Codes	Q5001	01/01/07	12/31/9999	Hospice or home health care provided in patient's home/residence
HCPCS Codes	Q5002	01/01/07	12/31/9999	Hospice or home health care provided in assisted living facility
HCPCS Codes	Q5003	01/01/07	12/31/9999	Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf)
HCPCS Codes	Q5004	01/01/07	12/31/9999	Hospice care provided in skilled nursing facility (snf)
HCPCS Codes	Q5005	01/01/07	12/31/9999	Hospice care provided in inpatient hospital
HCPCS Codes	Q5006	01/01/07	12/31/9999	Hospice care provided in inpatient hospice facility
HCPCS Codes	Q5007	01/01/07	12/31/9999	Hospice care provided in long term care facility
HCPCS Codes	Q5008	01/01/07	12/31/9999	Hospice care provided in inpatient psychiatric facility
HCPCS Codes	Q5009	01/01/07	12/31/9999	Hospice or home health care provided in place not otherwise specified (nos)
HCPCS Codes	Q5010	10/01/10	12/31/9999	Hospice home care provided in a hospice facility
HCPCS Codes	Q5102	07/01/16	12/31/9999	Injection, infliximab, biosimilar, 10 mg

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HCPCS Codes	Q9982	07/01/16	12/31/9999	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries
HCPCS Codes	Q9983	07/01/16	12/31/9999	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries
HCPCS Codes	S0090	01/01/00	12/31/9999	Sildenafil citrate, 25 mg
HCPCS Codes	S0122	04/01/02	12/31/9999	Injection, menotropins, 75 iu
HCPCS Codes	S0126	04/01/02	12/31/9999	Injection, follitropin alfa, 75 iu
HCPCS Codes	S0128	04/01/02	12/31/9999	Injection, follitropin beta, 75 iu
HCPCS Codes	S0132	04/01/02	12/31/9999	Injection, ganirelix acetate, 250 mcg
HCPCS Codes	S0145	07/01/05	12/31/9999	Injection, pegylated interferon alfa-2a, 180 mcg per ml
HCPCS Codes	S0148	10/01/10	12/31/9999	Injection, pegylated interferon alfa-2b, 10 mcg
HCPCS Codes	S0201	10/01/02	12/31/9999	Partial hospitalization services, less than 24 hours, per diem
HCPCS Codes	S0800	01/01/00	12/31/9999	Laser in situ keratomileusis (lasik)
HCPCS Codes	S0810	01/01/00	12/31/9999	Photorefractive keratectomy (prk)
HCPCS Codes	S1034	07/01/14	12/31/9999	Artificial pancreas device system (e.g., low glucose suspend (lgs) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
HCPCS Codes	S1040	10/01/02	12/31/9999	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)
HCPCS Codes	S1090	07/01/12	12/31/9999	Mometasone furoate sinus implant, 370 micrograms
HCPCS Codes	S2053	01/01/00	12/31/9999	Transplantation of small intestine and liver allografts
HCPCS Codes	S2054	01/01/00	12/31/9999	Transplantation of multivisceral organs
HCPCS Codes	S2060	01/01/01	12/31/9999	Lobar lung transplantation
HCPCS Codes	S2061	01/01/01	12/31/9999	Donor lobectomy (lung) for transplantation, living donor
HCPCS Codes	S2065	07/01/01	12/31/9999	Simultaneous pancreas kidney transplantation
HCPCS Codes	S2080	01/01/02	12/31/9999	Laser-assisted uvulopalatoplasty (laup)
HCPCS Codes	S2095	01/01/04	12/31/9999	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
HCPCS Codes	S2102	01/01/01	12/31/9999	Islet cell tissue transplant from pancreas; allogeneic
HCPCS Codes	S2103	01/01/01	12/31/9999	Adrenal tissue transplant to brain
HCPCS Codes	S2107	04/01/02	12/31/9999	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment
HCPCS Codes	S2117	10/01/05	12/31/9999	Arthroereisis, subtalar
HCPCS Codes	S2140	01/01/01	12/31/9999	Cord blood harvesting for transplantation, allogeneic
HCPCS Codes	S2142	01/01/01	12/31/9999	Cord blood-derived stem-cell transplantation, allogeneic

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HCPCS Codes	S2150	01/01/02	12/31/9999	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition
HCPCS Codes	S2152	04/01/04	12/31/9999	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition
HCPCS Codes	S2202	01/01/01	12/31/9999	Echosclerotherapy
HCPCS Codes	S2235	10/01/03	12/31/9999	Implantation of auditory brain stem implant
HCPCS Codes	S2300	01/01/00	12/31/9999	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
HCPCS Codes	S2348	01/01/05	12/31/9999	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
HCPCS Codes	S2400	01/01/02	12/31/9999	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero
HCPCS Codes	S2404	01/01/02	12/31/9999	Repair, myelomeningocele in the fetus, procedure performed in utero
HCPCS Codes	S3800	07/01/07	12/31/9999	Genetic testing for amyotrophic lateral sclerosis (als)
HCPCS Codes	S3840	07/01/03	12/31/9999	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
HCPCS Codes	S3841	07/01/03	12/31/9999	Genetic testing for retinoblastoma
HCPCS Codes	S3842	07/01/03	12/31/9999	Genetic testing for von hippel-lindau disease
HCPCS Codes	S3852	07/01/03	12/31/9999	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease
HCPCS Codes	S3854	07/01/16	12/31/9999	Gene expression profiling panel for use in the management of breast cancer treatment
HCPCS Codes	S3861	10/01/08	12/31/9999	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome
HCPCS Codes	S3865	04/01/09	12/31/9999	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
HCPCS Codes	S3866	04/01/09	12/31/9999	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family
HCPCS Codes	S3870	04/01/09	12/31/9999	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability
HCPCS Codes	S8030	01/01/02	12/31/9999	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
HCPCS Codes	S8035	01/01/00	12/31/9999	Magnetic source imaging
HCPCS Codes	S8037	07/01/01	12/31/9999	Magnetic resonance cholangiopancreatography (mrCP)
HCPCS Codes	S8042	04/01/02	12/31/9999	Magnetic resonance imaging (mri), low-field
HCPCS Codes	S8080	01/01/01	12/31/9999	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical
HCPCS Codes	S8085	01/01/01	12/31/9999	Fluorine-18 fluorodeoxyglucose (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan)
HCPCS Codes	S8092	01/01/00	12/31/9999	Electron beam computed tomography (also known as ultrafast ct, cine ct)

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HCPCS Codes	S9055	01/01/00	12/31/9999	Procure or other growth factor preparation to promote wound healing
HCPCS Codes	S9122	01/01/00	12/31/9999	Home health aide or certified nurse assistant, providing care in the home; per hour
HCPCS Codes	S9123	01/01/00	12/31/9999	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)
HCPCS Codes	S9124	01/01/00	12/31/9999	Nursing care, in the home; by licensed practical nurse, per hour
HCPCS Codes	S9125	01/01/00	12/31/9999	Respite care, in the home, per diem
HCPCS Codes	S9126	01/01/00	12/31/9999	Hospice care, in the home, per diem
HCPCS Codes	S9128	01/01/00	12/31/9999	Speech therapy, in the home, per diem
HCPCS Codes	S9325	01/01/02	12/31/9999	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)
HCPCS Codes	S9326	01/01/02	12/31/9999	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9327	01/01/02	12/31/9999	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9328	01/01/02	12/31/9999	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9329	01/01/02	12/31/9999	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)
HCPCS Codes	S9330	01/01/02	12/31/9999	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9331	01/01/02	12/31/9999	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9336	01/01/02	12/31/9999	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9338	01/01/02	12/31/9999	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9340	01/01/02	12/31/9999	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem

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HCPCS Codes	S9341	01/01/02	12/31/9999	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS Codes	S9342	01/01/02	12/31/9999	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS Codes	S9343	01/01/02	12/31/9999	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS Codes	S9345	01/01/02	12/31/9999	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9346	01/01/02	12/31/9999	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolatin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9347	01/01/02	12/31/9999	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9348	01/01/02	12/31/9999	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9351	01/01/02	12/31/9999	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
HCPCS Codes	S9353	01/01/02	12/31/9999	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9355	01/01/02	12/31/9999	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9357	01/01/02	12/31/9999	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9359	01/01/02	12/31/9999	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9361	01/01/02	12/31/9999	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPCS Codes	S9363	01/01/02	12/31/9999	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9364	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)
HCPCS Codes	S9365	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS Codes	S9366	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS Codes	S9367	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS Codes	S9368	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS Codes	S9370	01/01/02	12/31/9999	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9372	01/01/02	12/31/9999	Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)
HCPCS Codes	S9379	01/01/02	12/31/9999	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS Codes	S9480	01/01/00	12/31/9999	Intensive outpatient psychiatric services, per diem
HCPCS Codes	S9960	01/01/14	12/31/9999	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)
HCPCS Codes	S9961	01/01/14	12/31/9999	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
HCPCS Codes	S9975	04/01/02	12/31/9999	Transplant related lodging, meals and transportation, per diem
HCPCS Codes	T1000	07/01/01	12/31/9999	Private duty / independent nursing service(s) - licensed, up to 15 minutes

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HCPCS Codes	T1030	01/01/03	12/31/9999	Nursing care, in the home, by registered nurse, per diem
HCPCS Codes	T1031	01/01/03	12/31/9999	Nursing care, in the home, by licensed practical nurse, per diem
HCPCS Codes	V5336	01/01/90	12/31/9999	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
CPT CAT III Codes	0479T	1/1/2018	12/31/9999	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children
CPT CAT III Codes	0480T	1/1/2018	12/31/9999	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT CAT III Codes	0481T	1/1/2018	12/31/9999	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
CPT CAT III Codes	0482T	1/1/2018	12/31/9999	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)
CPT CAT III Codes	0483T	1/1/2018	12/31/9999	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed
CPT CAT III Codes	0484T	1/1/2018	12/31/9999	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
CPT CAT III Codes	0485T	1/1/2018	12/31/9999	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
CPT CAT III Codes	0486T	1/1/2018	12/31/9999	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
CPT CAT III Codes	0487T	1/1/2018	12/31/9999	Biomechanical mapping, transvaginal, with report
CPT CAT III Codes	0489T	1/1/2018	12/31/9999	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
CPT CAT III Codes	0490T	1/1/2018	12/31/9999	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
CPT CAT III Codes	0491T	1/1/2018	12/31/9999	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less
CPT CAT III Codes	0492T	1/1/2018	12/31/9999	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT CAT III Codes	0493T	1/1/2018	12/31/9999	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
CPT CAT III Codes	0494T	1/1/2018	12/31/9999	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
CPT CAT III Codes	0495T	1/1/2018	12/31/9999	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field

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CPT CAT III Codes	0496T	1/1/2018	12/31/9999	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
CPT CAT III Codes	0501T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
CPT CAT III Codes	0502T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
CPT CAT III Codes	0503T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
CPT CAT III Codes	0504T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
CPT Codes	19294	1/1/2018	12/31/9999	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
CPT Codes	31253	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
CPT Codes	31257	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
CPT Codes	31259	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
CPT Codes	31298	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)
CPT Codes	32994	1/1/2018	12/31/9999	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
CPT Codes	33927	1/1/2018	12/31/9999	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
CPT Codes	33928	1/1/2018	12/31/9999	Removal and replacement of total replacement heart system (artificial heart)
CPT Codes	33929	1/1/2018	12/31/9999	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)

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CPT Codes	36465	1/1/2018	12/31/9999	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
CPT Codes	36466	1/1/2018	12/31/9999	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
CPT Codes	36482	1/1/2018	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
CPT Codes	36483	1/1/2018	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT Codes	55874	1/1/2018	12/31/9999	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed
CPT Codes	64912	1/1/2018	12/31/9999	Nerve repair; with nerve allograft, each nerve, first strand (cable)
CPT Codes	64913	1/1/2018	12/31/9999	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
CPT Codes	81175	1/1/2018	12/31/9999	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
CPT Codes	81176	1/1/2018	12/31/9999	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
CPT Codes	81230	1/1/2018	12/31/9999	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
CPT Codes	81231	1/1/2018	12/31/9999	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
CPT Codes	81232	1/1/2018	12/31/9999	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
CPT Codes	81283	1/1/2018	12/31/9999	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
CPT Codes	81328	1/1/2018	12/31/9999	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
CPT Codes	81334	1/1/2018	12/31/9999	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
CPT Codes	81335	1/1/2018	12/31/9999	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)
CPT Codes	81361	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
CPT Codes	81362	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
CPT Codes	81363	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)

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CPT Codes	81364	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
CPT Codes	81448	1/1/2018	12/31/9999	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
CPT Codes	81520	1/1/2018	12/31/9999	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
CPT Codes	81521	1/1/2018	12/31/9999	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
CPT Codes	81541	1/1/2018	12/31/9999	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
CPT Codes	81551	1/1/2018	12/31/9999	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy
HCPCS Codes	C9014	1/1/2018	12/31/9999	Injection, cerliponase alfa, 1 mg
HCPCS Codes	C9015	1/1/2018	12/31/9999	Injection, c-1 esterase inhibitor (human), haegarda, 10 units
HCPCS Codes	C9016	1/1/2018	12/31/9999	Injection, triptorelin extended release, 3.75 mg
HCPCS Codes	C9024	1/1/2018	12/31/9999	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
HCPCS Codes	C9028	1/1/2018	12/31/9999	Injection, inotuzumab ozogamicin, 0.1 mg
HCPCS Codes	C9029	1/1/2018	12/31/9999	Injection, guselkumab, 1 mg
HCPCS Codes	C9748	1/1/2018	12/31/9999	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy
HCPCS Codes	J0606	01/01/18	12/31/9999	Injection, etelcalcetide, 0.1 mg
HCPCS Codes	J1428	1/1/2018	12/31/9999	Injection, eteplirsen, 10 mg
HCPCS Codes	J1555	1/1/2018	12/31/9999	Injection, immune globulin (cuvitru), 100 mg
HCPCS Codes	J1627	1/1/2018	12/31/9999	Injection, granisetron, extended-release, 0.1 mg
HCPCS Codes	J1726	1/1/2018	12/31/9999	Injection, hydroxyprogesterone caproate, (makena), 10 mg
HCPCS Codes	J2326	1/1/2018	12/31/9999	Injection, nusinersen, 0.1 mg
HCPCS Codes	J2350	1/1/2018	12/31/9999	Injection, ocrelizumab, 1 mg
HCPCS Codes	J3358	1/1/2018	12/31/9999	Ustekinumab, for intravenous injection, 1 mg
HCPCS Codes	J7210	1/1/2018	12/31/9999	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
HCPCS Codes	J7211	1/1/2018	12/31/9999	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
HCPCS Codes	J9022	1/1/2018	12/31/9999	Injection, atezolizumab, 10 mg
HCPCS Codes	J9023	1/1/2018	12/31/9999	Injection, avelumab, 10 mg
HCPCS Codes	J9203	1/1/2018	12/31/9999	Injection, gemtuzumab ozogamicin, 0.1 mg
HCPCS Codes	J9285	1/1/2018	12/31/9999	Injection, olaratumab, 10 mg

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HCPCS Codes	Q2040	1/1/2018	12/31/9999	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
HCPCS Codes	Q4176	1/1/2018	12/31/9999	Neopatch, per square centimeter
HCPCS Codes	Q4177	1/1/2018	12/31/9999	Floweramnioflo, 0.1 cc
HCPCS Codes	Q4178	1/1/2018	12/31/9999	Floweramniopatch, per square centimeter
HCPCS Codes	Q4179	1/1/2018	12/31/9999	Flowerderm, per square centimeter
HCPCS Codes	Q4180	1/1/2018	12/31/9999	Revita, per square centimeter
HCPCS Codes	Q4181	1/1/2018	12/31/9999	Amnio wound, per square centimeter
HCPCS Codes	Q4182	1/1/2018	12/31/9999	Transcyte, per square centimeter