



KENTUCKY PA CODE EXCEPTIONS

Effective Q1, 2026

Healthcare Administered Drugs: (800) 578-0775 / Fax: 844-802-1406 **Advanced Imaging:** Fax requests to: (877) 731-7218

Invoice with actual acquisition cost may be required for high-cost drugs (annual treatment cost of \$500k).

Home Infusion: Drugs administered in the home (POS 12) are to be billed to the MedImpact pharmacy benefit at: (844) 336-2676 / Fax: (858) 357-2612

Transplants: **Phone:** (855) 714-2415 / **Fax:** (877) 813-1206

Select Cardiology and Oncology Authorizations (for adults over 18 only): Evolent: Cardiology: 1-877-370-0963 / Medical Oncology: 1-877-230-4493 / Radiation Oncology: 1-877-380-7848 / Website:

<https://my.newcenturyhealth.com>. For Drugs with Not otherwise specified code, please refer to NCH Code listing to determine if it is a code reviewed by NCH. If requesting a drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information.

Non-Par Providers/Facilities: PA is required for office visits, procedures, labs, diagnostic studies, and inpatient stays except for: Emergency and Urgent Care claims.

Maternity: Authorization is required for NVD > 3 days (auth required on day 4) and C section > 5 days (auth required on day 6).

Authorization is required for baby if baby stays > 5 days; Authorization is required for ANY NICU admission regardless of length of stay (Authorization via Progeny).

Home Healthcare Services

Medicaid: Skilled Nursing Visits: Requires authorization after initial evaluation plus six (6) visits per calendar year per member. Coverage of HH Supplies is per the DMS fee schedules

Therapy: Outpatient Therapy Services: Physical, Occupational and Speech Therapy : office and outpatient settings

Requires authorization after initial evaluation plus twenty (20) visits per calendar year per member / Authorization is reviewed in visits (4 Units = 1 visit) / UM reviews by visit and not by individual modality

Sleep Study: Prior auth required except for Home Sleep Study

EPSDT Special Services (SS)

Codes listed as non-covered or not on DMS fee schedules may be considered for coverage under EPSDT SS and require prior authorization

For coverage of codes, refer to the Kentucky Department of Medicaid Services Fee Schedules at:

Fee Schedules - Cabinet for Health and Family Services (ky.gov)

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

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A4206	Y	SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4207	Y	SYRINGE WITH NEEDLE STERILE 2 CC EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4208	Y	SYRINGE WITH NEEDLE STERILE 3 CC EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4209	Y	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4230	Y	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4231	Y	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4250	Y	URINE TEST OR REAGENT STRIPS OR TABLETS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4253	Y	BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4259	Y	LANCETS PER BOX OF 100	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4310	Y	INSERTION TRAY W/O DRAIN BAG AND W/O CATHETER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4311	Y	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4320	Y	IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A4322	Y	IRRIGATION SYRINGE BULB OR PISTON EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4326	Y	MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4338	Y	INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4344	Y	INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4353	Y	INTERMIT URINARY CATHETER W/INSERTION SUPPLIES	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4356	Y	EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4357	Y	BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEV EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4361	Y	OSTOMY FACEPLATE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4362	Y	SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4366	Y	OSTOMY VENT ANY TYPE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4367	Y	OSTOMY BELT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4398	Y	OSTOMY IRRIGATION SUPPLY; BAG EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4399	Y	OSTOMY IRRIGATION SUPPLY; CONE/CATH W/WO BRUSH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4400	Y	OSTOMY IRRIGATION SET	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4402	Y	LUBRICANT, PER OZ	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4404	Y	OSTOMY RING EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4416	Y	OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4417	Y	OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVKIT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4418	Y	OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4419	Y	OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4420	Y	OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4423	Y	OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4424	Y	OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A4425	Y	OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4426	Y	OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4427	Y	OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4428	Y	OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4429	Y	OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4430	Y	OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4431	Y	OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4432	Y	OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4433	Y	OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4434	Y	OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4435	Y	OST POUCH DRAIN HI OP EXT WEAR BARR W/WO FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4606	Y	OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4623	Y	TRACHEOSTOMY INNER CANNULA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4624	Y	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4625	Y	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4626	Y	TRACHEOSTOMY CLEANING BRUSH EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5051	Y	OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5052	Y	OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5053	Y	OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5054	Y	OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5055	Y	STOMA CAP	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5057	Y	OST POUCH DRAINABL EXT WEAR BARR CONVXTY FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5061	Y	OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

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A5062	Y	OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5063	Y	OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5071	Y	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5072	Y	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5073	Y	OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5081	Y	STOMA PLUG OR SEAL ANY TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee	
A5082	Y	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5093	Y	OSTOMY ACCESSORY; CONVEX INSERT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5102	Y	BEDSIDE DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5114	Y	LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5121	Y	SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5122	Y	SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5126	Y	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5131	Y	APPLINC CLNR INCONT AND OSTOMY APPLINCS PER 16 OZ	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5500	Y	DIAB ONLY FIT CSTM PREP AND SPL SHOE MX DNSITY INSRT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5501	Y	DIAB ONLY FIT CSTM PREP AND SPL SHOE MOLD PTS FT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5503	Y	DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5504	Y	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5505	Y	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5506	Y	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5507	Y	DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5508	Y	DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5510	Y	DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

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A5512	Y	FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5513	Y	DIA ONLY MX DEN INSRT CSTM FRM MDL PT FT CF EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A6545	Y	GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7048	Y	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7522	Y	TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7525	Y	TRACHEOSTOMY MASK EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee	
A7526	Y	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0140	Y	WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0167	Y	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0200	Y	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0205	Y	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0210	Y	ELECTRIC HEAT PAD STANDARD	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0215	Y	ELECTRIC HEAT PAD MOIST	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0225	Y	HYDROCOLLATOR UNIT INCLUDES PADS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0239	Y	HYDROCOLLATOR UNIT PORTABLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0275	Y	BED PAN STANDARD METAL OR PLASTIC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0276	Y	BED PAN FRACTURE METAL OR PLASTIC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0325	Y	URINAL; MALE JUG-TYPE ANY MATERIAL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0326	Y	URINAL; FEMALE JUG-TYPE ANY MATERIAL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0480	Y	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0570	Y	NEBULIZER WITH COMPRESSOR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0572	Y	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0574	Y	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

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E0575	Y	NEBULIZER ULTRASONIC LARGE VOLUME	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0580	Y	NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0585	Y	NEBULIZER WITH COMPRESSOR AND HEATER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0600	Y	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0607	Y	HOME BLOOD GLUCOSE MONITOR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0776	Y	IV POLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0781	Y	AMB INFUS PUMP 1/MX CHANL W/ADMN EQP WORN BY PT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0935	Y	CONTINUOUS PASSIVE MOT EXERCISE DEV C KNEE ONLY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2100	Y	BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2359	Y	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2360	Y	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2362	Y	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2363	Y	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2364	Y	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2365	Y	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
K0001	Y	STANDARD WHEELCHAIR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
S8189	Y	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4521	Y	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4522	Y	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4523	Y	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4524	Y	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4525	Y	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4526	Y	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

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T4527	Y	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4528	Y	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4529	Y	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4530	Y	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4531	Y	PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4532	Y	PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4533	Y	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4534	Y	YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4535	Y	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4537	Y	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4540	Y	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4541	Y	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4542	Y	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4543	Y	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4544	Y	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
81381	Y	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP	Genetic Counseling & Testing		
C9399	Y	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Requests for Duvyzat, Ojemda and Tryngolza should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676	
J2326	Y	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)	
J3399	Y	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Healthcare Administered Drugs	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)	
J3490	Y	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Requests for Duvyzat, Ojemda and Tryngolza should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676	
J3590	Y	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Requests for Duvyzat, Ojemda and Tryngolza should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
J8999	Y	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Requests for Duvyzat, Ojemda and Tryngolza should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676	
G0159	Y	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	PA required following 20 visits.	
G0160	Y	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	PA required following 20 visits.	
G0161	Y	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	PA required following 20 visits.	
S9128	Y	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	PA required following 20 visits.	
S9129	Y	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	PA required following 20 visits.	
S9131	Y	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	PA required following 20 visits.	
92507	Y	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA	
92508	Y	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA	
97110	Y	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97112	Y	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97113	Y	THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97116	Y	THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97124	Y	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97129	Y	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA	
97130	Y	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA	
97140	Y	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97150	Y	THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVIDUALS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97530	Y	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
97533	Y	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA	
97535	Y	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA	
97763	Y	ORTHOTICS/PROSTH MGMT &/TRAINNG SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
L0190	Y	CERV MX POST COLLAR OCCIP/MAND SUPP ADJ CERV BARS	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L0200	Y	CERV MX POST COLLAR OCCIP/MAND ADJ CERV AND THOR EXT	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L0468	Y	TLSO SAGITTAL-CORONAL CONTROL PREFAB CUSTOM FIT	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L0470	Y	TLSO TRIPOLAR POST FRME AND ANT APRON W/STRAP PRFAB	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L0472	Y	TLSO TRIPOLAR HYPREXT RIGD ANT AND LAT FRME PRFAB	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L0492	Y	TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L3030	Y	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L7364	Y	TWELVE VOLT BATTERY EACH	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L7366	Y	BATTERY CHARGER 12 VOLT EACH	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L7368	Y	LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L8000	Y	BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L8001	Y	BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L8002	Y	BREAST PROS MASTECT BRA W/INTEG BREAST FORM BIL	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L8020	Y	BREAST PROSTHESIS MASTECTOMY FORM	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
L8030	Y	BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.	
B4034	Y	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Unlisted/Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.	
B4036	Y	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Unlisted/Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.	
B4100	Y	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	Unlisted/Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.	
B4220	Y	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	Unlisted/Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.	
B4222	Y	PARENTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	Unlisted/Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.	
B4224	Y	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	Unlisted/Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.	
H2015	Y	COMP COMM SUPP SVC, 15 MIN	Unlisted/Miscellaneous		

Medicaid Prior Auth (PA) Code Matrix

Effective Q1, 2026

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

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

This Matrix is for Outpatient services.

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

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

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

Code	Description	Service Category	MHI PA	Evolent PA	MHI Code Notes	PA Effective Date	Evolent	Evolent
			Required?	Required?			KY	KY
							1/1/21	10/1/22
							Cardiology	Oncology
							Adult 18+	Adult 18+
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).			
80306	DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).			
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).	Pre- Q3 2025		
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97155	ADAPT BHV TX PRTCL MODIFCATION PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
H0011	ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No prior authorization required for the first 6 days per calendar year. PA required after 6 visits.			
H0038	SELF-HELP/PEER SVC PER 15MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Prior authorization required after 200 units per member per calendar year.			
H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No prior authorization required for the first 6 days per calendar year. PA required after 6 visits.			
H0015	Intensive Outpatient Alcohol/Drug Services		Y		No prior authorizations is required for the first 16 units per Calander year			

H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H2027	PSYCHOEDUCATION SVC PER 15MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Prior authorization required after 100 units per member per calendar year.		
H2034	ALCOHOL AND OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H2036	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units per calendar year.		
T2023	TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y				
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y				
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15786	ABRASION 1 LESION	Cosmetic, Plastic & Reconstructive Procedures	Y				
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y				
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y				
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y				
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y				
15824	RHYTIODECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	Y				
15825	RHYTIODECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	Y				
15826	RHYTIODECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	Y				
15828	RHYTIODECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15829	RHYTIODECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	Y				
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Cosmetic, Plastic & Reconstructive Procedures	Y				
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y				
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y				
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y				
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y				
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y				
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y				
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y				
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y				
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y				
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y				
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	Y				
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19303	MASTECTOMY SIMPLE COMPLETE	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		

19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer diagnoses.		
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer diagnoses.		
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer diagnoses.		
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer diagnoses.		
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y			
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y			
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y			
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y			
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y			
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y			
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y			
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	Y			
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y			
67900	REPAIR BROW PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y			
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Cosmetic, Plastic & Reconstructive Procedures	Y			
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y			
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMTN INTERNAL	Cosmetic, Plastic & Reconstructive Procedures	Y			
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMTN XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y			
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y			
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y			
67909	REDUCTION OVERCORRECTION PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y			
67950	CANTHOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y			
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	Cosmetic, Plastic & Reconstructive Procedures	Y			
A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y			
A9276	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	Y	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	Y			
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y			
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y			
E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y			
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y			
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y			
E0265	HOSP BED TOT ELCTR W ANY TYPE SIDE RAIL W MTRSS	Durable Medical Equipment (DME)	Y			
E0266	HOS BED TTL ELCTR ANY TYPE SIDE RAIL W/O MTRSS	Durable Medical Equipment (DME)	Y			
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y			
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y			
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Y			
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y			
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y			
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y			
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y			
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y			
E0301	HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	Y			
E0302	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTRSS	Durable Medical Equipment (DME)	Y			
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	Y			
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y			
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Durable Medical Equipment (DME)	Y			
E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	Y			
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y			
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	Y			
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y			

E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	Y					
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y					
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y					
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y					
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEV	Durable Medical Equipment (DME)	Y					
E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	Durable Medical Equipment (DME)	Y					
E0470	RESP ASST DEV C BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	Y					
E0471	RESP ASST DEV C BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	Y					
E0472	RESP ASST DEV C BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	Y					
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	Y					
E0483	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y					
E0486	ORL DEV C/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME)	Y					
E0492	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y					
E0493	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y					
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Durable Medical Equipment (DME)	Y					
E0638	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	Durable Medical Equipment (DME)	Y					
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	Y					
E0641	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	Y					
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Durable Medical Equipment (DME)	Y					
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME)	Y					
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	Y					
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	Y					
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	Y					
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	Y					
E0675	PNEUMAT COMPRS DEV C HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	Y					
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	Y					
E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME)	Y					
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y					
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y					
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y					
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y					
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y					
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y					
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y					
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y					
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y					
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y					
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y					
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Y					
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	Y					
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	Y					
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y					
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y					
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y					
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y					
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y					
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y					
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y					
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	Y					
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y					
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y					

E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y					
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y					
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y					
E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	Y					
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y					
E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	Durable Medical Equipment (DME)	Y					
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME)	Y					
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLR AND ONE PWR	Durable Medical Equipment (DME)	Y					
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLR AND TWO MORE	Durable Medical Equipment (DME)	Y					
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y					
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME)	Y					
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PPRPTNL	Durable Medical Equipment (DME)	Y					
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PPRPTNL	Durable Medical Equipment (DME)	Y					
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y					
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y					
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PPRPTNL	Durable Medical Equipment (DME)	Y					
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPTNL	Durable Medical Equipment (DME)	Y					
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPTNL	Durable Medical Equipment (DME)	Y					
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y					
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y					
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y					
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y					
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEV C	Durable Medical Equipment (DME)	Y					
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y					
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y					
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y					
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y					
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y					
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y					
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	Y					
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	Y					
E2500	SPEECH GEN DEV C DIGITIZED UNDER EQ.8 MINS REC TIME	Durable Medical Equipment (DME)	Y					
E2502	SPCH GEN DEV C DIGTIZD OVER 8 MINS LESS THN EQ.20 MIN REC	Durable Medical Equipment (DME)	Y					
E2504	SPCH GEN DEV C DIGTIZD OVER 20 MINS UNDER EQ.40 MINS REC	Durable Medical Equipment (DME)	Y					
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y					
E2508	SPCH GEN DEV C SYNTHSIZD REQ. MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y					
E2510	SPCH GEN DEV C SYNTHSIZD MX METH MESS AND DEV C ACCSS	Durable Medical Equipment (DME)	Y					
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y					
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Durable Medical Equipment (DME)	Y					
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	Y					
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y					
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y					
E2626	WC ACCESS SHLDR ELB MOBL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y					
E2628	WC ACCESS SHLDR ELB MOBL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y					
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y					
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y					
K0009	OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME)	Y					
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y					
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y					

K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y					
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y					
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y					
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y					
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y					
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y					
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y					
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y					
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0821	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y					
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y					
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y					
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y					
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	Durable Medical Equipment (DME)	Y					
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y					
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y					
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y					
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y					
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					

K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y					
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y					
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K1007	BLTRL HKAFO DEV C PWR INCL PELVC COMPNTS UP KNEE JOINTS	Durable Medical Equipment (DME)	Y					
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y					
S1034	ARTIF PANCREAS DEV C SYS THAT CMNCT W ALL DEV C	Durable Medical Equipment (DME)	Y					
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEV C SYS	Durable Medical Equipment (DME)	Y					
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEV C SYS	Durable Medical Equipment (DME)	Y					
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEV C SYS	Durable Medical Equipment (DME)	Y					
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	Y					
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITC	Durable Medical Equipment (DME)	Y					
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	Y					
V5211	HEARNG AID CNTRLTRI ROUTE SYS BINAURAL ITE/ITE	Durable Medical Equipment (DME)	Y					
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	Y					
V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	Durable Medical Equipment (DME)	Y					
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	Y					
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	Y					
V5221	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	Durable Medical Equipment (DME)	Y					
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	Y					
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Experimental/Investigational	Y					
31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Experimental/Investigational	Y					
31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Experimental/Investigational	Y					
43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRAGASTRIC BARIATRIC BALLOON	Experimental/Investigational	Y					
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y					
0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y					
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y					
0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y					
0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y					
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y					
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y					
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y					
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y					
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y					
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	Y					
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	Y					
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	Experimental/Investigational	Y					
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	Experimental/Investigational	Y					
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	Experimental/Investigational	Y					
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	Experimental/Investigational	Y					
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	Experimental/Investigational	Y					
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	Experimental/Investigational	Y					
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y					
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y					
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y					
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y					
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y					
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y					
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Y					
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	Y					
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Y					
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	Y					
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	Y					
C9784	ENDO SLEEVE GASTRO W/TUBE	Experimental/Investigational	Y					

C9785	ENDO OUTLET RESTRICT W/TUBE	Experimental/Investigational	Y					
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y					
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y					
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y					
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y					
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y					
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y					
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y					
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y					
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y					
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y					
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y					
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y					
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y					
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y					
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y					
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y					
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y					
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y					
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y					
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y					
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y					
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y					
81418	DRG MTBL5M (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS	Genetic Counseling & Testing	Y					
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	Y					
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y					
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y					
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y					
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y					
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y					
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y					

81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y					
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y					
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y					
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y					
81441	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Genetic Counseling & Testing	Y					
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y					
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y					
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y					
81449	TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTRRGTION FOR SQNC VRNTS AND COPY NMBR VRNTS OR REARRNGMNTS, IF PRFRMD; RNA ANLYSS	Genetic Counseling & Testing	Y					
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y					
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Genetic Counseling & Testing	Y					
81455	GEN SEQ ANALYS SOL ORG HEMTOLYMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y					
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	Genetic Counseling & Testing	Y					
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y					
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y					
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y					
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y					
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	Y					
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	Y					
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y					
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y					
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y					
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y					
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	Y					
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	Genetic Counseling & Testing	Y					
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y					
81529	ONC CUTAN MLNMA MRNA GENE XPRSN PRFL 31 GENES ALG	Genetic Counseling & Testing	Y					
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y					
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y					
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	Y					
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	Y					
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y					
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Genetic Counseling & Testing	Y					
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	Y					
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y					
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	Y					
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y					
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y					
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y					
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y					
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y					
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y					
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	Y					
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	Y					
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	Y					
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	Y					
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	Y					
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	Y					
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing	Y					
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y					
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y					
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing	Y					
90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	Y					
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y					
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y					

90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Healthcare Administered Drugs	Y						
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y						
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y						
A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLCURIE	Healthcare Administered Drugs	Y						
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLCURIE	Healthcare Administered Drugs	Y						
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.				Y
B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Y						
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	Healthcare Administered Drugs	Y						
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y						
C9145	INJ, APOVIE, 1 MG	Healthcare Administered Drugs	Y						
C9173	INJ, NYPOZI, 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.				Y
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require PA.				
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.				Y
C9307	INJ, CARBOPLATIN (AVYXA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026			Y
C9308	INJ LINVOSELTAMAB-GCPT 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026			Y
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y						
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y						
J0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y				1/1/2026		
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y						
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y						
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y						
J0139	INJ, ADALIMUMAB, 1 MG	Healthcare Administered Drugs	Y						
J0174	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	Y						
J0175	INJ, DONANEMAB-AZBT, 2 MG	Healthcare Administered Drugs	Y						
J0177	INJECTION, AFLIBERCEPT HD, 1 MG	Healthcare Administered Drugs	Y						
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y						
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y						
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y						
J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.				Y
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.				Y
J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.				Y
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	Y						
J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Healthcare Administered Drugs	Y						
J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Healthcare Administered Drugs	Y						
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Y						
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y						
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y						
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y						
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y						
J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y						
J0225	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Y						
J0248	INJ, REMDESEIVIR, 1 MG	Healthcare Administered Drugs	Y						

J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y					
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y					
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y					
J0349	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	Y					
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y					
J0458	INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG)	Healthcare Administered Drugs	Y				10/1/2025	
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y					
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y					
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y					
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y					
J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y					
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y					
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y					
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y					
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y					
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y					
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y					
J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Healthcare Administered Drugs	Y					
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Y					
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y					
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y					
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y					
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y					
J0601	SEVELAMER CARBONATE 20 MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0602	SEVELAMER CARBONATE PDR 20MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0603	SEVELAMER HYDROCHLORIDE 20MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y					
J0605	SUCROFERRIC OXYHYDROXIDE 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y					
J0607	LANTHANUM CARBONATE ORAL 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0608	LANTHANUM CARBONATE PWDR 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0609	FERRIC CITRATE ORL 3 MG IRON	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0614	INJ, TREOSULFAN, 50 MG	Healthcare Administered Drugs	Y				10/1/2025	
J0615	CALCIUM ACETATE, ORAL, 23 MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y					
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y	
J0642	INJECTION LEVOLEUCOVORIN (KHPZORY), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0681	INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG	Healthcare Administered Drugs	Y				10/1/2025	
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y					
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y					
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y					
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y					
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y					
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y					
J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y					
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y					
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y					
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y					
J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Y					
J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Healthcare Administered Drugs	Y					
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y					

J0870	INJ, IMETELSTAT, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	Healthcare Administered Drugs	Y					
J0873	INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y					
J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y					
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y					
J0877	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	Y					
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y					
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y					
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0893	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y					
J0911	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y					
J1073	TESTOSTERONE PELLET, IMPLANT, 75 MG	Healthcare Administered Drugs	Y			1/1/2026		
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y					
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y					
J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	Healthcare Administered Drugs	Y					
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J1202	MIGLUSTAT, ORAL, 65 MG	Healthcare Administered Drugs	Y					
J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Healthcare Administered Drugs	Y					
J1260	INJECTION DOLASETRON MESYLATE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y					
J1299	INJ, ECULIZUMAB, 2 MG	Healthcare Administered Drugs	Y					
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y					
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y					
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y					
J1304	INJ, TOFERSEN, 1 MG	Healthcare Administered Drugs	Y					
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y					

J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y					
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Healthcare Administered Drugs	Y					
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y					
J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y					
J1326	INJ ZOLBETUXIMAB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y					
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y					
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y					
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y					
J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y					
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1440	FECAL MICROBIOTA, LIVE - JSIM, 1 ML	Healthcare Administered Drugs	Y					
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y					
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y					
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y					
J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Healthcare Administered Drugs	Y					
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Y					
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y					
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y					
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y					
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1566	INJ IG IV LYOPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y					
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y					
J1576	INJECTION, IMMUNE GLOBULIN (PANZIGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y					
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y					
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y					
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y					
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y					
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y					
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y					
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y					
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y					
J1745	INJECTION INFILXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y					
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y					
J1747	INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	Y					
J1748	INJ, INFILXIMAB-DYB (ZYMFENTRA), 10 MG	Healthcare Administered Drugs	Y					
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y					
J1809	INJ, FOSDENOPTERIN, 0.1 MG	Healthcare Administered Drugs	Y			10/1/2025		
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y					
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y					
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y					
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y					
J1837	INJ, POSACONAZOLE, 1 MG	Healthcare Administered Drugs	Y			1/1/2026		
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y					
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	Y					

J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y					
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1961	INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	Y					
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y					
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y					
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	Healthcare Administered Drugs	Y					
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2327	INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	Y					
J2329	INJECTION, UBLITUXIMAB-XIY, 1MG	Healthcare Administered Drugs	Y					
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2351	INJ, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	Healthcare Administered Drugs	Y					
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J2356	INJECTION, TEZEPPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Y					
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y					
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	Y					
J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	Y					
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y					
J2468	INJ, PALONOSETRON HCL (POSFREA), 25 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y					
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y					
J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Healthcare Administered Drugs	Y					
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y					
J2724	INJECTION PROTEIN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y					
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y					
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y					
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y					
J2781	INJECTION, PEGCETACOPLEN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	Y					
J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	Healthcare Administered Drugs	Y					
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y					
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y					

J2802	INJ, ROMIPLOSTIM, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y					
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y					
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y					
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y					
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y					
J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y					
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y					
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y					
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y					
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y					
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y					
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y					
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y					
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Y					
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y					
J3315	INJECTION TRIPORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3316	INJECTION TRIPORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y					
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y					
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y					
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y					
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y					
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y					
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y					
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Y					
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y					
J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			

J7172	INJ MARSTACIMAB, 0.5 MG	Healthcare Administered Drugs	Y					
J7173	INJ, CONCIZUMAB-MTCI, 0.5 MG	Healthcare Administered Drugs	Y				10/1/2025	
J7174	INJ, FITUSIRAN, 0.04 MG	Healthcare Administered Drugs	Y				10/1/2025	
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y					
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y					
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y					
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y					
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y					
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y					
J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	Y					
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Y					
J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Y					
J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y					
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y					
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y					
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y					
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y					
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y					
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y					
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y					
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y					
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y					
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y					
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y					
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y					
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y					
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y					
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y					
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y					
J7203	INJECTION FACTOR IX GLYCOPEGLATED 1 IU	Healthcare Administered Drugs	Y					
J7204	INJ FACTR VIII ANTIHEM FAC GLYCOPEGLATD-EXEI P-IU	Healthcare Administered Drugs	Y					
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y					
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y					
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y					
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y					
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y					
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y					
J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG	Healthcare Administered Drugs	Y					
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Healthcare Administered Drugs	Y					
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIPIO), PER FACTOR VIII I.U."	Healthcare Administered Drugs	Y					
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y					
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y					
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y					
J7313	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Healthcare Administered Drugs	Y					
J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	Y					
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y					
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y					

J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y					
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7331	HYALURONAN/DERIVATIVE SYNOJOINT IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y					
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Y					
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y					
J7353	ANACAUCLASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	Y					
J7354	CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	Healthcare Administered Drugs	Y					
J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Healthcare Administered Drugs	Y					
J7356	INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG	Healthcare Administered Drugs	Y					
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	Y					
J7504	LYMPHOCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y					
J7511	LYMPHOCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y					
J7601	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	Healthcare Administered Drugs	Y					
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y					
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y					
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y					
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y					
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require PA.			
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9011	INJ, DATOPOTAMAB DERUXTECANDLNK, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.			Y/MedImpact
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9024	INJ, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9026	INJ, TARLATAMAB-DLLE, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9028	INJ, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9038	INJ, AXATILIMAB-CSFR, 0.1 MG	Healthcare Administered Drugs	Y					
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9046	INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9048	INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9049	INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9052	INJ, CARMUSTINE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9054	INJ, BORTEZOMIB (BORUZU), 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9065	INJECTION CLADRBINE PER 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9076	INJ, CYCLOPHOSPHAMIDE (BAXTER) 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9100	INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9120	INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9150	INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9161	INJ, DENILEUKIN DIFITOX-CXDL, 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9171	INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9172	DOCETAXEL (INGENUS), 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9174	INJ, DOCETAXEL (BEIZRAY), 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9181	INJECTION ETOPOSIDE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9184	INJ, GEMCITABINE HYDROCHLORIDE (AVYXA), 200 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for SC. For SC, submit request to the healthplan.			Y
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for WA. WA pediatrics direct request to the healthplan.			Y
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9209	INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y					
J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y					
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient except for MS, SC. For MS, SC; submit request to the healthplan.			Y/MedImpact
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	Y~	One J code unit allowed per calendar year without PA. All units in excess of one unit/year require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y					
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9245	INJECTION MELPHALAN HCI NOS 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Y					
J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9249	INJECTION MELPHALAN APOTEX 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9255	INJ, METHOTREXATE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9256	INJ, NIPOCALIMAB-AAHU, 3 MG	Healthcare Administered Drugs	Y			1/1/2026		
J9260	INJECTION METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9275	INJ, COSIBELIMAB-IPDL, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9276	INJ ZANIDATAMAB, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9282	MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9286	INJ, GLOFITAMAB-GXBM, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9289	INJ, NIVOLUMAB, 2 MG AND HYALURONIDASENVHY	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9292	INJ, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9326	INJ, TELISOTUZUMAB VEDOTIN-TLLV, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9329	INJ, TISLELIZUMAB-JSGR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y					
J9333	INJ, ROZANOLIXUMAB-NOLI, 1 MG	Healthcare Administered Drugs	Y					
J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Healthcare Administered Drugs	Y					
J9341	INJ, THIOTEPA (TEPYLUTE), 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9342	INJ, THIOTEPA, NOT OTHRWS SPCFD, 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9370	VINCRISTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Healthcare Administered Drugs	Y					
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	Y					
J9382	INJ, ZENOCUTUZUMAB-ZBCO, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9390	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9393	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J9394	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y					
Q0224	INJ, PEMIVIBART, 4500 MG	Healthcare Administered Drugs	Y					
Q0235	INJ, MNCLNL NTBDY PRDCTS FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19, NOC, 1 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q2049	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y					
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y					
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y					
Q5098	INJ, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5099	INJ, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5100	INJ, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.			Y/MedImpact
Q5103	INJECTION INFILIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y					
Q5104	INJECTION INFILIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y					
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.			Y/MedImpact
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5121	INJECTION, INFliximab-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	Y					
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y					
Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	Y					
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5135	INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5136	INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5137	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y					
Q5138	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y					
Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5143	INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5146	INJ, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5147	INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5148	INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5150	INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5151	INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y					
Q5152	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y					
Q5153	INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5154	INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q5155	INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q5156	INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q5157	INJ, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
Q5158	INJ, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
Q5159	INJ, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
Q5160	INJ, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y

Q9996	INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y					
Q9997	INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y					
Q9998	INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Healthcare Administered Drugs	Y					
Q9999	INJ, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y					
S0088	IMATINIB, 100 MG	Healthcare Administered Drugs	~		~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			
S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y					
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y					
S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y					
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y					
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	Y					
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	Y					
S0156	EXEMESTANE 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y					
S0189	TESTOSTERONE PELLET 75 MG	Healthcare Administered Drugs	Y					
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	Y					
G0151	SRVCS PRFRMD BY PHYSCN THRPPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Y					
G0152	SRVCS PRFRMD BY OCCPNL THRST HH OR HOSPICE EA 15 MIN	Home Health Care Services	Y					
G0153	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Y					
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y					
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y					
G0157	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		PA Required after 20 visits			
G0158	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		PA Required after 20 visits			
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y		PA Required after 20 visits			
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y		PA Required after 20 visits			
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Y		PA Required after 20 visits			
G0162	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y					
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y					
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y					
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Y					
G0493	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	Y					
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y					
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y					
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y					
S5111	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Y					
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	Y					
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Y					
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Y					
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	Y					
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Y					
S5165	HOME MODIFICATIONS; PER SERVICE	Home Health Care Services	Y					
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Home Health Care Services	Y					
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Y					
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Y					
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y		PA Required after 20 visits			
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y		PA Required after 20 visits			
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Y		PA Required after 20 visits			
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Y					
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Y					
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	Y					
T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y					
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y					
T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Y					

T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Y					
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Y					
T1030	NURSING CARE IN THE HOME RN PER DIEM	Home Health Care Services	Y					
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Y					
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25	Hyperbaric/Wound Therapy	Y					
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	Hyperbaric/Wound Therapy	Y					
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Hyperbaric/Wound Therapy	Y					
15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S	Hyperbaric/Wound Therapy	Y					
15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM	Hyperbaric/Wound Therapy	Y					
15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM	Hyperbaric/Wound Therapy	Y					
15277	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ	Hyperbaric/Wound Therapy	Y					
15278	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ	Hyperbaric/Wound Therapy	Y					
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y					
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2004	XCELLISTEM, 1 MG	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2005	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2006	NOVOSORB SYNPATH PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2007	RESTRATA, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2008	THERAGENESIS, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2009	SYMPHONY, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2010	APIS, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2011	SUPRA SDRM, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2012	SUPRATHEL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2013	INNOVAMATRIX FS, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2014	OMEZA COLLAG PER 100 MG	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2015	PHOENIX WND MTRX, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2016	PERMEADERM B, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2017	PERMEADERM GLOVE, EACH	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2018	PERMEADERM C, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2020	AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Therapy	Y					
A2021	NEOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2022	INNOVABRN/INNOVAMATX XL SQCM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2023	INNOVAMATRIX PD, 1 MG	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2024	RESOLVE OR XENOPATCH SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2025	MIRO3D PER CUBIC CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2026	RESTRATA MINIMATRIX, 5 MG	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2027	MATRIDERM PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2028	MICROMATRIX FLEX PER MG	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2029	MIROTRACT MATRIX SHEET	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2030	MIRO3D FIBERS, PER MG	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2031	MIRODRY, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2032	MYRIAD MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2033	MYRIAD MORCELLS, 4 MG	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2034	FOUND DRS SOLO, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2035	CORPL P THERAC P ALLAC P MG	Hyperbaric/Wound Therapy	Y				10/1/2025	
A2036	COHEALYX COL DML MX PR SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2037	G4DERM PLUS, PER ML	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2038	MARIGEN PACTO, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A2039	INNOVAMATRIX FD, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026	
A4100	SKIN SUB FDA CLRD AS DEV NOS	Hyperbaric/Wound Therapy	Y				10/1/2025	
C9250	ARTISS FIBRIN SEALANT	Hyperbaric/Wound Therapy	Y					
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y					
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025	
Q4102	OASIS WOUND MATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025	
Q4103	OASIS BURN MATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025	
Q4104	INTEGRA BMWD	Hyperbaric/Wound Therapy	Y				10/1/2025	
Q4105	INTEGRA DRT OR OMNIGRAFT	Hyperbaric/Wound Therapy	Y				10/1/2025	

Q4107	GRAFTJACKET	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4108	INTEGRA MATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4110	PRIMATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4111	GAMMAGRAFT	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4112	CYMETRA INJECTABLE	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4113	GRAFTJACKET XPRESS	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4114	INTEGRA FLOWABLE WOUND MATRI	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4115	ALLOSKIN	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4116	ALLODERM PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4117	HYALOMATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4118	MATRISTEM MICROMATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4122	DERMACELL, AWM, POROUS SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4123	ALLOSKIN	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4124	OASIS TRI-LAYER WOUND MATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4126	MEMODERM DERMASPA TM TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4127	TALYMED	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4128	FLEXHD ALLOPATCH TM HD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4134	HMATRIX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4135	MEDISKIN	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4136	EZDERM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4138	BIODFENCE DRYFLEX, 1CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4140	BIODFENCE 1CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4141	ALLOSKIN AC, 1 CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4143	REPRIZA, 1CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4145	EPIFIX, INJ, 1MG	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4146	TENSIX, 1CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4147	ARCHITECT ECM PX FX 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4148	NEOX NEOX RT OR CLARIX CORD	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4149	EXCELLAGEN, 0.1 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4152	DERMAPURE 1 SQUARE CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4153	DERMAVEST, PLURIVEST SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4154	BIOVANCE 1 SQUARE CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4155	NEOXFLO OR CLARIXFLO 1 MG	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4161	BIO-CONNEKT PER SQUARE CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y						
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4164	HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4165	KERAMATRIX, KERASORB SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4166	CYTAL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4167	TRUSKIN, PER SQ CENTIMETER	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4168	AMNIOBAND, 1 MG	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4169	ARTACENT WOUND, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4170	CYGNUS, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4171	INTERFYL, 1 MG	Hyperbaric/Wound Therapy	Y				10/1/2025		

Q4173	PALINGEN OR PALINGEN XPLUS	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4174	PALINGEN OR PROMATRX	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4175	MIRODERM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4176	NEOPATCH OR THERION, 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4177	FLOWERAMNIOFLO, 0.1 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	Y						
Q4183	SURGIGRAFT, 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4184	CELLESTA OR DUO PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4185	CELLESTA FLOWAB AMNION 0.5CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4188	AMNIOARMOR 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4189	ARTACENT AC, 1 MG	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4190	ARTACENT AC 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4192	RESTORIGIN, 1 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4193	COLL-E-DERM 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4194	NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4195	PURAPLY PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4199	CYGNUS MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4200	SKIN TE 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4201	MATRION 1 SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4202	KEROXX (2.5G/CC), 1CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4204	XWRAP PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4206	FLUID FLOW OR FLUID GF 1 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4208	NOVAFIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4209	SURGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4211	AMNION BIO OR AXOBIO SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4212	ALLOGEN, PER CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4213	ASCENT, 0.5 MG	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4214	CELLESTA CORD PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	Y						
Q4216	ARTACENT CORD PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4220	BELLACELL HD, SUREDERM SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4222	PROGENAMATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4224	HHF10-P PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4225	AMNIO OR DERMA TL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4226	MYOWN HARV PREP PROC SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4230	COGENEX FLOW AMNION 0.5 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4232	CORPLEX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4233	SURFACTOR /NUDYN PER 0.5 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4234	XCELLERATE, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4236	CAREPATCH, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						

Q4237	CRYO-CORD, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4238	DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y						
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4245	AMNIOTEXT, PER CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4246	CORETEXT OR PROTEXT, PER CC	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4247	AMNIOTEXT PATCH, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4249	AMNIPLY, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4251	VIM, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4254	NOVAFIX DL PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4255	REGUARD, TOPICAL USE PER SQ	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4256	MLG COMPLET, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4257	RELESE, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4258	ENVERSE, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4259	CELERA PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4260	SIGNATURE APATCH, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4261	TAG, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4262	DUAL LAYER IMPAX MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4263	SURGRAFT TL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4264	COCOON MEMBRANE, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4270	COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4272	ESANO A, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4273	ESANO AAA, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4274	ESANO AC, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4275	ESANO ACA, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4276	ORION, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4278	EPIFFECT, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4279	VENDAJE AC, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4280	XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4282	CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4284	DERMABIND SL, PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4285	NUDYN DL OR DL MESH PR SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4286	NUDYN SL OR SLW, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4287	DERMABIND DL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4288	DERMABIND CH, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4290	MEMBRANE WRAP HYDR PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4291	LAMELLAS XT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4292	LAMELLAS, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4293	ACESSO DL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4294	AMNIO QUAD-CORE PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4296	REBOUND MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4297	EMERGE MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		

Q4298	AMNICORE PRO, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4299	AMNICORE PRO Plus PER SQ CM	Hyperbaric/Wound Therapy	Y						
Q4300	ACESSO TL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4301	ACTIVATE MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4302	COMPLETE ACA PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4303	COMPLETE AA, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4304	GRAFIX PLUS, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4305	AMER AM AC TRI-LAY PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4306	AMERIC AMNION AC PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4307	AMERICAN AMNION, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4308	SANOPELLIS, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4309	VIA MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4310	PROCENTA, PER 100 MG	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4311	ACESSO, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4312	ACESSO AC, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4313	DERMABIND FM, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4314	REEVA, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4315	REGENELINK AMNIOTIC MEM ALLO	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4316	AMCHOPLAST PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4317	VITOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4318	E-GRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4319	SANOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4320	PELLOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4321	RENOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4322	CAREGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4323	ALLOPLY, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4324	AMNIOTX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4325	ACAPATCH, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4326	WOUNDPLUS, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y						
Q4327	DUOAMNION, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4328	MOST, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4329	SINGLAY, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4330	TOTAL, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4331	AXOLOTL GRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4333	ARDEOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4334	AMNIOPLAST 1, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4335	AMNIOPLAST 2, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4336	ARTECENT C, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4337	ARTECENT TRIDENT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4338	ARTACENT VELOS, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4339	ARTACENT VERICLEN, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4340	SIMPLIGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4341	SIMPLIMAX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4342	THERAMEND, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4343	DERMACYTE AC MATRX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4344	TRI MEMBRANE WRAP, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4345	MATRIX HD ALLOGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4346	SHELTER DM MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4347	RAMPART DL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4348	SENTRY SL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4349	MANTLE DL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4350	PALISADE DM MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4351	ENCLOSE TL MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4352	OVERLAY SL MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4353	XCEED TL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4354	PALINGEN DUAL-LAYER SQ CM	Hyperbaric/Wound Therapy	Y				1/1/2026		
Q4355	ABIO XPL ABIO XPL HY P SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		
Q4356	ABIO MEM ABIO HYD PER SQ CM	Hyperbaric/Wound Therapy	Y				10/1/2025		

Q4357	XWRAP PLUS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4358	XWRAP DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4359	CHORIPLY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4360	AMCHOPLAST FD PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4361	EPIXPRESS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4362	CYGNUS DISK, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4363	AM BUR MEM HYDRO PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4364	AM BUR XP MEM XPL HY P SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4365	AMNIO BUR DL MEM PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4366	DL AMNIO BUR X-MEM PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4367	AMNIOCORE SL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4368	AMCHOTHICK, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4369	AMNIOPLAST 3, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4370	AEROGUARD, PER SQUARE CENTIMETER"	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4371	NEOGUARD, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4372	AMCHOPLAST EXCEL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4373	MEMBRANE WRAP-LITE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4375	DUOGRAFT AC, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4376	DUOGRAFT AA, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4377	TRIGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4378	RENEW FT MATRIX, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4379	AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4380	ADVOGRAFT ONE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4382	ADVOGRAFT DUAL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4383	AXOLOTL GRAFT ULT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4384	AXOLOTL DUAL ULT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4385	APOLLO FT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4386	ACESSO TRIFACA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4387	NEOTHELIUM FT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4388	NEOTHELIUM 4L PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4389	NEOTHELIUM 4L+ PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4390	ASCENDION PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4391	AMNIOPLAST DOUBLE PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4392	GRAFIX DUO PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4393	SURGRAFT AC PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4394	SURGRAFT ACA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4395	ACELAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4396	NATALIN PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4397	SUMMIT AAA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75563	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75580	N-INVAS EST C FFR AUGMNT SW ALYS CTA I AND R PHY/QHP	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	1/1/2026	Y	
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75726	ANGIOGRAPHY VISCELAR SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLISIS	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y		If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76390	MRI SPECTROSCOPY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
78428	CARDIAC SHUNT DETECTION	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78453	MYOCARDIAL PERfusion PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78454	MYOCARDIAL PERfusion PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78491	MYOCD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78492	MYOCD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78609	BRAIN IMAGING PET PERfusion EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93350	ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93351	ECHO TTHRC R-T 2D W M-MODE REST&STRS CONT ECG	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93453	R & L HRT CATH W/NJX L VENTRCLGRPY IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
0331T	MYOCD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0332T	MYOCD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.			Y
95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Y					
95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	Y					
95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	Y					
95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y					
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Y					
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Y					
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	Y					
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Y					
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	Y					
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y					
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Y					
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Y					
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Y					
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y					
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Y					
95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y					
95957	DIGITAL ANALYSIS ELECTROENCEPHALogram	Neuropsychological and Psychological Tests	Y					
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y					
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
20560	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
20561	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21142	RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21143	RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAPH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21243	ARTHRP TMPPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21620	OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21627	STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21630	RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22526	PERQ INTRDSC ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22527	PERQ INTRDSC ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22548	ARTHRD ANT TRANSOL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22867	IN SJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22868	IN SJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22869	IN SJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22870	IN SJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23470	ARTHROPLASTY GLENOHUMR JL HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27137	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27443	ARTHRP FEM CONDYLES TBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFT EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28270	CAPSUL MTTARPHLNG JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28285	CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28288	OSTC PRTL EXOSTC CONDYLIC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28345	RCNSTJ TOE SYNDACTLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICLECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W/WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
30469	RPR OF NSL VLVE CLLPSE WTH LOW ENRGY, TMPRTURE-CNTRLLD (IE, RDFRQNCY) SBCTNEOUS/SUBMCSL RMDLNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32098	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32100	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32110	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32140	THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32141	THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32151	THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32160	THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32440	REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32482	RMVL LUNG OTHER THAN PNEUMECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32484	RMVL LUNG OTHER THAN PNEUMECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32501	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32507	THORACOTOMY W/DX WEDGE RESEXN AND ANATOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32650	THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32666	THORACOSCOPY W/HERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32667	THORACOSCOPY W/HERA WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32669	THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32670	THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32671	THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32674	THORACOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32997	TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33017	PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECT J W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33030	PRICARDIOTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33031	PRICARDIOTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33050	RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33130	RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33238	RMVL PRM TRANSENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33255	ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33256	ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33257	ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33258	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33259	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTE N W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33266	NDSC ABLATION AND RCNSTJ ATRIA EXTE N W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33270	INS/RPLCMT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMNT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33415	RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33416	VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33475	REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33610	RPR CAR ANOMAL SURG ENLGMNT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33619	RPR 1 VNTRC W/O/F OBSTR CJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33647	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33676	CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33690	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33702	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33720	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33726	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33770	RPR TRPOS GREAT VSL W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33771	RPR TRPOS GREAT VSL W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33774	RPR TRPOS GREAT VSL ATRIALE BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33775	RPR TRPOS GREAT VSL ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTia	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33802	DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33840	EXC COARcj AORTA W/WO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33851	EXC COARcj AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33863	AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33924	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33975	IN SJ VENTRIC ASSIST DEV XTRCOPR SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
33976	IN SJ VENTRIC ASSIST DEV XTRCOPR BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
33979	IN SJ VENTR ASSIST DEV IMPLTABLE ICOPR 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
34001	EMBLIC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34051	EMBLIC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34101	EMBLIC/THRMBC AX BRACH INNOMINATE SUBCLA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34111	EMBLIC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34151	EMBLIC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAS ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34201	EMBLIC/THRMBC FEMORAL POPLITEAL AORTO-ILIAS ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34203	EMBLIC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34501	VALVULOPLASTY FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34502	RECONSTRUCTION VENA CAVA ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34530	SAPHENOPOLITEAL VEIN ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34703	VASC RPR DPLMNT AORTO-UN-ILIAS NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34704	EVASC RPR DPLMNT AORTO-UN-ILIAS NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34705	EVASC RPR DPLMNT AORTO-BI-ILIAS NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34706	EVASC RPR DPLMNT AORTO-BI-ILIAS NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34707	EVASC RPR DPLMNT ILIO-ILIAS NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34708	EVASC RPR DPLMNT ILIO-ILIAS NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34710	THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36247	SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV ABDL PLVC LWR XTRMTY BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36253	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36254	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37254	RVSCLRZTN, ENDVSCLR, OPN OR PRCTNS, ILC VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, IINCLDNG ALL MNVRS NCSSRY AACCSSNG SLCTVLY CTHTRZNG ARTRY CRSSNG LSN, IINCLDNG ALL IMGNG GDNC RADLGCL SPRVSN INTRPRTTN NCSSRY PRFRM AANGPLSTY WTHN SME ARTRY, UNLTRL; STRGHTFRWRD LSN, IINTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37256	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, LC VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37258	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, LC VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37260	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, LC VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37263	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	

37265	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37267	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37269	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37271	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37273	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37275	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT, THRCTMY, ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37277	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT, THRCTMY, ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37280	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	

37282	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37284	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37286	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37288	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37290	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37618	LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37660	LIGATION OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37700	LIGTN & DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37718	LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37722	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37735	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37785	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

38746	THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39200	RESECTION OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39220	RESECTION MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLOON(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43647	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43648	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43771	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43775	LAPS GSTR RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43847	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43881	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43882	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
50590	LITHOTRIPSY XTRCOPR SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53430	URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53865	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
54125	AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54401	INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
54405	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54416	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55866	LAPS PROTECT RETROPUBLIC RAD W/NRV SPARING ROBOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55867	LPRSCOPY, SRGCL PRSTTECTOMY, SMPL SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDS RBTC ASISTNCE, WHN PRFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55874	TRANSPERINEAL PLCMT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

55880	TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
55970	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55980	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
56625	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
56800	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
56805	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57296	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57335	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.			
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
61863	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
62324	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
62325	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
62326	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
62327	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
62330	DCMPRSSN, PRCTNS, WTH PRTL RMVL LGMNTM FLVM, INCLDNG LMNTMY FR ACCSS, EPDRGRPHY, AND IMGNG GDNC (I.E, CT R FLRSCPY), BLTRL; ONE INTRSPC, LMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Y					
62331	DCMPRSSN, PRCTNS, WTH PRTL RMVL LGMNTM FLVM, INCLDNG LMNTMY ACCSS, EPDRGRPHY, AND IMGNG GDNC (I.E, CT R FLRSCPY), BLTRL; ADDTNL INTRSPC(S), LMBR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	OP Hosp/Amb Surgery Center (ASC) procedures	Y					
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63020	LAMNOTMY INCL W DCMPRN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63030	LAMNOTMY INCL W DCMPRN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63048	LAM FACETECTOMY AND FORAMOTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
64569	REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
69714	IMPLTJ OSSEointegrated TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECKOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
76984	DX INTRAOP THORACIC AORTA US	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
76987	DX INTRAOP EPICAR CAR US CHD	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
76988	DX NTROP EPCR US CHD IMG ACQ	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
76989	DX INTRAOP EPCR US CHD I&R	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92972	PERQ TRLUML CORONRY LITHOTRP	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93319	3D ECHO IMG & PST-PXESSING TEE/TTE CGEN CAR ANOMAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93505	ENDOMYOCARDIAL BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93568	NJX PULMONARY ANGIO HRT CATH W/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93584	VNGRPH CHD ANOM/PERSIST SVC	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93585	VNGRPH CHD AZYGS/HEMIAZYGS	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93586	VNGRPH CHD CORONARY SINUS	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93587	VNGRPH CHD VNVN CLTRL AT/ABV	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93588	VNGRPH CHD VNVN CLTRL BELOW	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93610	INTRA-ATRIAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93612	INTRAVENTRICULAR PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93662	INTRACARD ECHOCARD W/HER/DX IVNTJ INCL IMG S & I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	OP Hosp/Amb Surgery Center (ASC) procedures	Y					
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9761	CYSTO URS &/PYELOSCPY LITH & VAC ASPIR KDNY COLLECTN SYSTM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9765	REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9766	REV EVAR ANY VES;IV LITHOTRIPSY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9767	REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27278	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE	Pain Management Procedures	Y					
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y					
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y					
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y					
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	Y					
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	Y					
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y					
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y					
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y					
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y					
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y					
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y					
63650	PRQ IMPLTJ NSTM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y					
63655	LAM IMPLTJ NSTM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y					
63663	REVJ INCL RPLCMT NSTM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y					
63664	REVJ INCL RPLCMT NSTM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y					
63685	INSJ RPLCMT SPI NPGR DIR INDUXTIVE COUPLING	Pain Management Procedures	Y					
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Y					
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y		No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.			
64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Y					
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Y					
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Y					
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Y					
64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Y					
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Y					
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y					
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y					
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y					
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y					
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y					
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y					
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	Y					
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y					
64628	THERMAL DSTRJ INTRASSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	Y					
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y					
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y					
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y					

64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y					
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y					
92507	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
92508	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97113	THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97116	THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97130	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97150	THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDSL	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year			
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Physical, Occupational, and Speech Therapy	Y		Refer to DMS fee schedule for coverage			
L0462	TLSO TRIPPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Prosthetics & Orthotics	Y					
L0480	TLSO TRIPPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0482	TLSO TRIPPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0484	TLSO TRIPPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0486	TLSO TRIPPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Prosthetics & Orthotics	Y					
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y					
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y					
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y					
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y					
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y					
L0720	CTLSO A-P-L CONTROL CUSTOM	Prosthetics & Orthotics	Y					
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y					
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y					
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Prosthetics & Orthotics	Y					
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y					
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y					
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y					
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y					
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y					
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y					
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y					
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y					
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	Y					
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y					
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y					
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y					
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y					
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y					
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y					
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y					
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y					
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y					
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y					
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y					
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y					
L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Prosthetics & Orthotics	Y					
L2628	ADD LW EXT PELV MTL FRME RECIP HIP JNT AND CABLES	Prosthetics & Orthotics	Y					

L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Prosthetics & Orthotics	Y					
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Prosthetics & Orthotics	Y					
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Prosthetics & Orthotics	Y					
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y					
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetics & Orthotics	Y					
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Prosthetics & Orthotics	Y					
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Prosthetics & Orthotics	Y					
L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Prosthetics & Orthotics	Y					
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Prosthetics & Orthotics	Y					
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Prosthetics & Orthotics	Y					
L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Prosthetics & Orthotics	Y					
L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Prosthetics & Orthotics	Y					
L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetics & Orthotics	Y					
L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Prosthetics & Orthotics	Y					
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y					
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Prosthetics & Orthotics	Y					
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y					
L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Prosthetics & Orthotics	Y					
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y					
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Prosthetics & Orthotics	Y					
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y					
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y					
L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Prosthetics & Orthotics	Y					
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Prosthetics & Orthotics	Y					
L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Prosthetics & Orthotics	Y					
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Prosthetics & Orthotics	Y					
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y					
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Prosthetics & Orthotics	Y					
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Prosthetics & Orthotics	Y					
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Prosthetics & Orthotics	Y					
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED	Prosthetics & Orthotics	Y					
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y					
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Prosthetics & Orthotics	Y					
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Prosthetics & Orthotics	Y					
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Prosthetics & Orthotics	Y					
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Prosthetics & Orthotics	Y					
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENSE SYS	Prosthetics & Orthotics	Y					
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Prosthetics & Orthotics	Y					
L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Prosthetics & Orthotics	Y					
L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Prosthetics & Orthotics	Y					
L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Prosthetics & Orthotics	Y					
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Prosthetics & Orthotics	Y					
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Prosthetics & Orthotics	Y					
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Prosthetics & Orthotics	Y					
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Prosthetics & Orthotics	Y					
L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Prosthetics & Orthotics	Y					
L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y					
L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Prosthetics & Orthotics	Y					
L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Prosthetics & Orthotics	Y					
L5702	REPLCMNT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Prosthetics & Orthotics	Y					
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Prosthetics & Orthotics	Y					
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Prosthetics & Orthotics	Y					
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Prosthetics & Orthotics	Y					
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Prosthetics & Orthotics	Y					
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y					
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y					
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Prosthetics & Orthotics	Y					

L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Prosthetics & Orthotics	Y					
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Prosthetics & Orthotics	Y					
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y					
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Prosthetics & Orthotics	Y					
L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y					
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Prosthetics & Orthotics	Y					
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Prosthetics & Orthotics	Y					
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Prosthetics & Orthotics	Y					
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y					
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y					
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Prosthetics & Orthotics	Y					
L5827	ENDO KNEE SHIN SINGLE AXIS	Prosthetics & Orthotics	Y					
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Prosthetics & Orthotics	Y					
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Prosthetics & Orthotics	Y					
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Prosthetics & Orthotics	Y					
L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Prosthetics & Orthotics	Y					
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Prosthetics & Orthotics	Y					
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Prosthetics & Orthotics	Y					
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y					
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Y					
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Y					
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Y					
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Prosthetics & Orthotics	Y					
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Prosthetics & Orthotics	Y					
L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Prosthetics & Orthotics	Y					
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Prosthetics & Orthotics	Y					
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Prosthetics & Orthotics	Y					
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Prosthetics & Orthotics	Y					
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Prosthetics & Orthotics	Y					
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Prosthetics & Orthotics	Y					
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Prosthetics & Orthotics	Y					
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Prosthetics & Orthotics	Y					
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Prosthetics & Orthotics	Y					
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Prosthetics & Orthotics	Y					
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Prosthetics & Orthotics	Y					
L5999	LOWER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	Y					
L6000	PARTIAL HAND THUMB REMAINING	Prosthetics & Orthotics	Y					
L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Prosthetics & Orthotics	Y					
L6020	PARTIAL HAND NO FINGER REMAINING	Prosthetics & Orthotics	Y					
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y					
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Prosthetics & Orthotics	Y					
L6055	WRST DISARTIC MOLD SOCKT W/XPNDBL INTERFCE	Prosthetics & Orthotics	Y					
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Prosthetics & Orthotics	Y					
L6110	BELOW ELBOW MOLDED SOCKET	Prosthetics & Orthotics	Y					
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Prosthetics & Orthotics	Y					
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Prosthetics & Orthotics	Y					
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	Y					
L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Prosthetics & Orthotics	Y					
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Prosthetics & Orthotics	Y					
L6300	SHLDR DISARTC MOLD SOCKET INTRL LOCK ELB FORARM	Prosthetics & Orthotics	Y					
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Prosthetics & Orthotics	Y					
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Prosthetics & Orthotics	Y					
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Prosthetics & Orthotics	Y					
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Prosthetics & Orthotics	Y					
L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Prosthetics & Orthotics	Y					
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y					
L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y					
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y					
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y					

L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y					
L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Prosthetics & Orthotics	Y					
L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Prosthetics & Orthotics	Y					
L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Prosthetics & Orthotics	Y					
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y					
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Prosthetics & Orthotics	Y					
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Prosthetics & Orthotics	Y					
L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Prosthetics & Orthotics	Y					
L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Prosthetics & Orthotics	Y					
L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Prosthetics & Orthotics	Y					
L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Prosthetics & Orthotics	Y					
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Prosthetics & Orthotics	Y					
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Prosthetics & Orthotics	Y					
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y					
L6700	UE ADD EXT POWER MYOEL	Prosthetics & Orthotics	Y					
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y					
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Prosthetics & Orthotics	Y					
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y					
L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Prosthetics & Orthotics	Y					
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Prosthetics & Orthotics	Y					
L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Prosthetics & Orthotics	Y					
L6721	TERM DEV C HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Prosthetics & Orthotics	Y					
L6722	TERM DEV C HOOK/HAND HVY-DUTY MECH VOL CLOS	Prosthetics & Orthotics	Y					
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Prosthetics & Orthotics	Y					
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEV C	Prosthetics & Orthotics	Y					
L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEV C	Prosthetics & Orthotics	Y					
L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Prosthetics & Orthotics	Y					
L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Prosthetics & Orthotics	Y					
L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Prosthetics & Orthotics	Y					
L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y					
L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOEC CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y					
L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOEC CNTRL TERM DEVICE	Prosthetics & Orthotics	Y					
L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOEC CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOEC CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOEC CNTRL TERM	Prosthetics & Orthotics	Y					
L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEV C	Prosthetics & Orthotics	Y					
L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOEC CNTRL TERM DVC	Prosthetics & Orthotics	Y					
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y					
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Prosthetics & Orthotics	Y					
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y					
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Prosthetics & Orthotics	Y					
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Prosthetics & Orthotics	Y					
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Prosthetics & Orthotics	Y					
L7180	ELEC ELB MICROPIC SEQENTIAL CNTRL ELB AND TERM DEV C	Prosthetics & Orthotics	Y					
L7181	ELEC ELB MICROPIC SIMULTAN CNTRL ELB AND TERM DEV C	Prosthetics & Orthotics	Y					
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y					
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y					
L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOEC CNTRL	Prosthetics & Orthotics	Y					
L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Prosthetics & Orthotics	Y					
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y					
L7406	ADD TO UPP EXTR USER ADJ MEC	Prosthetics & Orthotics	Y					
L7499	UPPER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	Y					
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Y					
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Prosthetics & Orthotics	Y					
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Prosthetics & Orthotics	Y					

L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y					
L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Prosthetics & Orthotics	Y					
L8692	AUDITORY OSSEointegrated DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	Y					
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Prosthetics & Orthotics	Y					
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Prosthetics & Orthotics	Y					
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	Y					
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77261	THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77262	THER RAD TX PLNNING INTRM	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77263	THER RAD TX PLNNING CPLX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77299	UNLISTD PRCDRE THRPTC RDLGY CLINICAL TX PLANNING	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77300	BASIC RADIATION DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77336	CONTINUING MEDICAL PHYSICS CONSULTJ PR WK	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77370	SPEC MEDICAL RADJ PHYSICS CONSULTJ	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.			Y

77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH, WA. OH, WA pediatrics direct request to the healthplan.			Y
77373	STEREOTACTIC BODY RADIATION DELIVERY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH, WA. OH, WA pediatrics direct request to the healthplan.			Y
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77407	RADIATION TX DELIVERY 1 MEV EQUAL TO GT INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.			Y
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77423	HI ENRGY NEUTRON RADTN TX DLVR 1 OR GRT ISOCENTER	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77436	SRFCE RDTN THRPY; SPRFCL OR ORTHVLTG, TRMNT PLNNG & SMLTN-AID FLD STTNG	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77437	SRFCE RDTN THRPY; SPRFCL, DLVRY, =150 KV, PER FRCTN (EG, ELCTRNC BRCHYTHR PY)	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77438	SRFCE RDTN THRPY; ORTHVLTG, DLVRY, >150-500 KV, PER FRCTN	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y

77439	SRFCE RDTN THRPY; SPRFCL OR ORTHVLTG, IMG GDNCE, ULTRSD FOR PLCMNT OF RDTN THRPY FLDS FOR TRMNT OF CUTNEOS TMRS, PER CRS OF TRMNT (LIST SPRTLY IN ADDTN TO CODE FOR PRI PRCDR)	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77470	SPECIAL TREATMENT PROCEDURE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77499	UNLISTED PROCEDURE THRPTC RADIOLOGY TX MGMT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77768	HDR RDNCLDE SKN SRFCE BRCHYTX LESION >2CM & 2CHAN/MLTPE LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

7778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9543	YTTRIUM Y-90 IBRUTUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLCURE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for MS. MS pediatrics direct request to the healthplan.			Y
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y					
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y					
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y					
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y					
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y					
32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	Y					
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	Y					
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	Y					
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y					
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y					
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	Y					
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	Y					
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	Y					

33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y					
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	Y					
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y					
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	Y					
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	Y					
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y					
33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	Y					
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Transplants/Gene Therapy	Y					
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPL ALGNC	Transplants/Gene Therapy	Y					
38206	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	Transplants/Gene Therapy	Y					
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Transplants/Gene Therapy	Y					
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Transplants/Gene Therapy	Y					
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Transplants/Gene Therapy	Y					
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Transplants/Gene Therapy	Y					
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Transplants/Gene Therapy	Y					
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Transplants/Gene Therapy	Y					
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Transplants/Gene Therapy	Y					
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Transplants/Gene Therapy	Y					
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Transplants/Gene Therapy	Y					
38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y					
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Transplants/Gene Therapy	Y					
38240	TRNSPL ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y					
38241	TRNSPL AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y					
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y					
38243	TRNSPL HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y					
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	Y					
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y					
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	Y					
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	Y					
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y					
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y					
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y					
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y					
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y					
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y					
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y					
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y					
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y					
47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y					
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	Y					
47145	BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	Y					
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y					
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y					
48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	Y					
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y					
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y					
48552	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y					

48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y					
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y					
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y					
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y					
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y					
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y					
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y					
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y					
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y					
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y					
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y					
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y					
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y					
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y					
81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	Y					
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y					
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y					
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y					
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	Y					
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Transplants/Gene Therapy	Y					
J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Transplants/Gene Therapy	Y					
J1414	INJ, FIDANACOGENE ELAPARVOECDZKT, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y					
J2326	INJECTION NUSINERSEN 0.1 MG	Transplants/Gene Therapy	Y					
J3387	INJ, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3389	TOPCL ADMIN, PRADEMAGENE ZAMIKERACEL, PER TRTMNT	Transplants/Gene Therapy	Y					
J3391	INJ, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3392	INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3393	INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3394	INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Transplants/Gene Therapy	Y					
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Transplants/Gene Therapy	Y					
J3401	BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML	Transplants/Gene Therapy	Y					
J3402	INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y				10/1/2025	
J3403	REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT	Transplants/Gene Therapy	Y				10/1/2025	
J9029	IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2042	TISAGENCLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2055	IDECACTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y

Q2057	AFAMITREGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q2058	OBECABTAGENE CAR POS T	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	Y					
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	Y					
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	Y					
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	Y					
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	Y					
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	Y					
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	Y					
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y					
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	Y					
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	Y					
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	Y					
A0430	AMB SERVICE CONVTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y		Non Emergent Air Transport only			
A0431	AMB SERVICE CONVTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y		Non Emergent Air Transport only			
S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	Y		Non Emergent Air Transport only			
S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	Y		Non Emergent Air Transport only			
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	Y					
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y					
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	Y					
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	Y					
22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	Y					
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	Y					
23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	Y					
26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	Y					
27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	Y					
29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	Y					
30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	Y					
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	Y					
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	Y					
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y					
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y					
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	Y					
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	Y					
40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	Y					
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	Y					
42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	Y					
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y					
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	Y					
43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	Y					
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	Y					
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y					
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y					
49999	UNLISTD PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Unlisted/Miscellaneous	Y					
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	Y					
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	Y					
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	Y					
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y					
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	Y					
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	Y					
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y					
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	Y					
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	Y					
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	Y					

77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y					
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y					
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	Y					
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y					
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	Y					
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	Y					
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	Y					
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).			
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).			
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Unlisted/Miscellaneous	Y					
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y					
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y					
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Unlisted/Miscellaneous	Y					
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	Y					
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Y					
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	Y					
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y					
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y					
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	Y					
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y					
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Y					
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	Y					
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y					
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEV NOC	Unlisted/Miscellaneous	Y					
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Y					
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Y					
G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y					
G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y					
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y					
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y					
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Y					
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	Y					
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y					
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
Q9004	DEPART VETERANS AFFAIR WHOLE HEALTH PARTNER SERV	Unlisted/Miscellaneous	NC					
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	Y					
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	Y					
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	Y					
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	Y					
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Unlisted/Miscellaneous	Y					
T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	Y					
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y					

V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y				
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EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	NOTES
1/1/2026	Hyperbaric and Wound Care	Add (PA)	Q4368, Q4369, Q4372, Q4370, Q4371, Q4373, Q4376, Q4375, Q4377, Q4378, Q4379, Q4380, Q4382, Q4390, Q4383, Q4384, Q4391, Q4386, Q4385, Q4397, Q4387, Q4388, Q4389, Q4395, Q4396, Q4392, Q4393, Q4394, A2036, A2037, A2038, A2039	Skin substitutes
1/1/2026	Multiple Categories	Deleted/Invalid Codes	0033U, 0131U, 0132U, 0135U, 0361U, 0508U, 0509U, 0544U, 0550U, 0551U, J2503, 0240U, 0241U, 0369U, 0370U, 0373U, 0374U, C9300, J0173, J2310, Q4231, 0398T, 0500T, 0567T, 0568T, 0616T, 0617T, 0618T, C7558, C9171, C9786, C9794, C9795, G1020, G1021, G1022, G1023, G1024, G9990, G9991, J2796, M0003, M1154, M1155, M1219, M1264, Q0516, Q0517, Q0518, Q0519, Q0520, J8520, J8521	
1/1/2026	Hyperbaric and Wound Care	Add (PA)	A2014, A2015, A2016, A2017, A2018, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, Q4251, Q4253, Q4259, Q4260, Q4261, Q4285, Q4286, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4354, Q4360, Q4199	
1/1/2026	Healthcare Administered Drugs	Add (PA)	J2468	Add PA. UM reviews delegated to Evolent for Oncology partnered plans
1/1/2026	OP Hosp/Amb Surgery Center (ASC) procedures	Remove (PA)	93017, 93015, 93971, 93970, 93018, 93016, 93975, 76937, 92960, 36821, 36830, 36832, 36825, 36819, 37241, 33228, 36818, 36820, 37244, 36833, 33215, 33222, 33235, 92997, 93567, 33229, 33233, 33866, 36831, 92961, 33226, 33227, 33234, 33218, 33223, 33902, 33903, 33901, 33220, 33900, 21601, 27600, 27601, 27602, 27603, 32601, 32604, 32606, 32607, 32608, 32609, 32960, 32998, 33016,	(Evolent Cardiology partnered plans ONLY)
1/1/2026	Multiple Categories	Remove (PA)	H0013, A4341, A4342, A4560, E0692, E0693, E0762, E0785, E0786, K1004, Q0480, 27416, 46948, 0101T, 0278T, 0565T, 0566T, 0738T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0781T, 0782T, 0783T, 0793T, 0794T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0868T, A4563, C9782, 81168, 81171, 81172, 81174, 81237, 81239, 81306, 81333, 81493, 81504, 81535, 81536, 81538, 0009U, 0070U, 0140U, 0153U, 0154U, 0155U, 0173U, 0174U, 0179U, 0184U, 0196U, 0206U, 0207U, 0209U, 0218U, 0387U, 0388U, 0389U, 0390U, 0391U, 0392U, 0393U, 0394U, 0395U, 0398U, 0399U, 0400U, 0401U, 0402U, 0403U, 0404U, 0405U, 0406U, 0407U, 0409U, 0410U, 0412U, 0413U, 0414U, 0415U, 0417U, 0418U, 78472, 78473, 78494, 91113, 0689T, 21601, 23410, 23412, 23415, 23420, 23430, 23450, 23455, 23460, 23462, 23465, 23466, 27120, 27332, 27333, 27405, 27407, 27409, 27418, 27420, 27422, 27424, 27427, 27428, 27429, 28344, 30520, 30545, 32998, 33016, 33140, 33141, 33202, 33203, 33215, 33227, 33228, 33229, 33508, 33741, 33745, 33746, 33866, 33894, 33895, 33897, 33900, 33901, 33902, 33903, 35500, 35572, 35685, 35686, 37191, 37216, 37500, 42975, 43887, 47610, 47612, 49904, 49906, 53451, 53452, 53453, 53454, 55175, 55180, 57288, 57289, 58240, 64584, 65775, 92970, 92971, 92975, 92977, 93580, 93581, 93582, 93583, 93631, 96570, 96571, 96902, 96932, 96933, L1834, L1840, L1900, L1945, L1950, L1970, L2350, L2525, L5705, L8039, 37501, 87799, 87899	
1/1/2026	Imaging & Special Tests	Add (PA)	75580	Applies to Evolent Cardiology partnered plans only.
1/1/2026	Transplants/Gene Therapy	Add (PA)	J3389, J3387	New codes for Zevaskyn and Skysona. PA required where covered.
1/1/2026	Healthcare Administered Drugs	Add (PA)	J9282, J9184, J9326, J9256, J0013, J1073, J1837	New codes for 1/1/2026. J9282, J9184, J9326 are in Evolent UM Scope for Oncology partnered plans.
4/1/2026	Healthcare Administered Drugs	Remove (PA)	J1460, J1560, 90281	
1/1/2026	Healthcare Administered Drugs	Add (PA)	Q5160	Bevacizumab when billed for intraocular injection does not require PA.
1/1/2026	Healthcare Administered Drugs	Non-Covered (per HP)	J0013	Services covered under pharmacy benefit only.

1/1/2026	Multiple Categories	Deleted/Invalid Codes	0042T,77014,77401,33884,33891,33889,37220,37221,37224,37226,37225,37227,37228,37230,37231,37229,27445,0623T,0624T,0625T,0626T,77385,77386,0275T,0266T,0267T,0268T,0269T,0270T,0271T,0272T,0273T,0619T,0421T,0720T,0631T,0662T,0663T,C9305,C9306,J0190,J0200,J0205,J0215,J0288,J0350,J0365,J0380,J0395,J0710,J0715,J0795,J1267,J1330,J1452,J1457,J1562,J1620,J1655,J1710,J2504,J1945,J2513,J2910,J2940,J2995,J3280,J3305,J3320,J3355,J3364,J3365,J3400,J7310,J7309,J7505,J7513,J8562,J8650,J9020,J9019,J9098,J9151,J9165,J9212,Q0174,J9270,Q5109,J1443,J1444,J1445,Q2017,J3310,J1572,J0889,Q4106,J0172,S0080	Deleted codes effective 1/1/26
4/1/2026	Hyperbaric and Wound Care	Add (PA)	Q4415,Q4416,Q4417,Q4402,Q4403,Q4404,Q4405,Q4406,Q4407,Q4408,Q4410,Q4398,Q4399,Q4414,Q4412,Q4411,Q4409,Q4413,Q4400,Q4401	New skin substitute codes for 1/1/26
4/1/2026	Imaging & Special Tests	Add (PA)	70472, 70473	70472 and 70473 are replacing 0042T which currently requires PA for Medicaid.
4/1/2026	Imaging & Special Tests	Add (PA)	75577	75577 replaces the existing four codes currently on the imaging PA list: 0623T, 0624T, 0625T, 0626T
4/1/2026	Hyperbaric and Wound Care	PA Update	Q4116, Q4122, Q4128	No PA required when associated with breast reconstruction related to breast cancer diagnosis. Note for configuration - no PA when claim is submitted with a breast cancer ICD-10 in 1st-3rd position
1/1/2026	Radiation Therapy & Radio Surgery	Add (PA)	77436, 77437, 77438, 77439	New codes for 1/1/2026; PA required for all, in Evolent Oncology Scope for UM
1/1/2026	OP Hosp/Amb Surgery Center (ASC) procedures	PA Update	37254, 37256, 37258, 37260, 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37280, 37282, 37284, 37286, 37288, 37290	New codes replacing newly deleted codes effective 1/1/26. Services will continue to require PA. In UM scope for Evolent cardiology partnered plans under new code.
1/1/2026	Healthcare Administered Drugs	Add (PA)	C9308, C9307	New Pharmacy codes. In Evolent UM scope where partnered for Oncology.
1/1/2026	OP Hosp/Amb Surgery Center (ASC) procedures	Add (PA)	62330, 62331	62330 and 62331 will replace 0275T effective 1/1/26. The service will continue to require PA.
1/1/2026	Healthcare Administered Drugs	Remove (PA)	J1740	

Codes	Description	Breast Cancer	Intraocular	Diabetes Codes	Description
C00.0	Malignant neoplasm of external upper lip	C50.011 Malignant neoplasm of nipple and areola, right female breast	E39.4 Histoplasmosis capsulati, unspecified	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma	
C00.1	Malignant neoplasm of external lower lip	C50.111 Malignant neoplasm of central portion of right female breast	E39.5 Histoplasmosis duboisii	E10.11 Type 1 diabetes mellitus with ketoacidosis and coma	
C00.2	Malignant neoplasm of lip, unspecified	C50.211 Malignant neoplasm of central portion of right female breast	E39.6 Histoplasmosis, unspecified	E10.21 Type 1 diabetes mellitus with ketoacidosis and coma	
C00.3	Malignant neoplasm of upper lip, inner aspect	C50.311 Malignant neoplasm of central portion of unspecified female breast	E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease	
C00.4	Malignant neoplasm of lower lip, inner aspect	C50.411 Malignant neoplasm of nipple and areola, left female breast	E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	E10.29 Type 1 diabetes mellitus with other diabetic kidney complication	
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	C50.511 Malignant neoplasm of central portion of right male breast	E08.3211 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	
C00.6	Malignant neoplasm of commissure of lip, unspecified	C50.612 Malignant neoplasm of central portion of left male breast	E08.3212 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	
C00.8	Malignant neoplasm of overlapping sites of lip	C50.819 Malignant neoplasm of central portion of unspecified male breast	E08.3213 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	E10.3211 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	
C00.9	Malignant neoplasm of lip, unspecified	C50.919 Malignant neoplasm of nipple and areola, unspecified female breast	E08.3219 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.3212 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	
C01	Malignant neoplasm of base of tongue	C50.201 Malignant neoplasm of nipple and areola, right male breast	E08.3291 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	E10.3213 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	
C02.0	Malignant neoplasm of dorsal surface of tongue	C50.211 Malignant neoplasm of upper-inner quadrant of right female breast	E08.3292 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	
C02.1	Malignant neoplasm of ventral surface of tongue	C50.212 Malignant neoplasm of upper-inner quadrant of right female breast	E08.3293 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	E10.3221 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	
C02.2	Malignant neoplasm of ventral surface of tongue, part unspecified	C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast	E08.3299 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.3222 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	
C02.4	Malignant neoplasm of lingual tonsil	C50.221 Malignant neoplasm of upper-inner quadrant of right male breast	E08.3311 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E10.3293 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	
C02.8	Malignant neoplasm of overlapping sites of tongue	C50.222 Malignant neoplasm of upper-inner quadrant of left male breast	E08.3312 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	
C02.9	Malignant neoplasm of tongue, unspecified	C50.229 Malignant neoplasm of upper-inner quadrant of unspecified male breast	E08.3319 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.3311 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	
C03.0	Malignant neoplasm of upper gum	C50.209 Malignant neoplasm of nipple and areola, unspecified male breast	E08.3391 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E10.3312 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	
C03.1	Malignant neoplasm of lower gum	C50.311 Malignant neoplasm of lower-inner quadrant of right female breast	E08.3392 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	
C03.9	Malignant neoplasm of floor of mouth, unspecified	C50.312 Malignant neoplasm of lower-inner quadrant of left female breast	E08.3393 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	E10.3391 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	
C04.0	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	C50.319 Malignant neoplasm of upper-inner quadrant of right female breast	E08.3399 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.3402 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	
C04.1	Malignant neoplasm of lateral floor of mouth	C50.321 Malignant neoplasm of upper-inner quadrant of right male breast	E08.3411 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E10.3393 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	C50.322 Malignant neoplasm of lower-inner quadrant of left male breast	E08.3412 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	
C04.9	Malignant neoplasm of floor of mouth, unspecified	C50.329 Malignant neoplasm of lower-inner quadrant of unspecified male breast	E08.3413 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	E10.3411 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	
C05.0	Malignant neoplasm of hard palate	C50.411 Malignant neoplasm of upper-outer quadrant of right female breast	E08.3419 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	E10.3412 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	
C05.1	Malignant neoplasm of soft palate	C50.412 Malignant neoplasm of upper-outer quadrant of left female breast	E08.3491 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	E10.3413 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	
C05.2	Malignant neoplasm of uvula	C50.419 Malignant neoplasm of upper-outer quadrant of unspecified female breast	E08.3492 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	
C05.8	Malignant neoplasm of overlapping sites of palate	C50.421 Malignant neoplasm of upper-outer quadrant of right male breast	E08.3493 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	E10.3491 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	
C05.9	Malignant neoplasm of floor of mouth, unspecified	C50.422 Malignant neoplasm of upper-outer quadrant of left male breast	E08.3499 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.3492 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	
C06.0	Malignant neoplasm of floor of mouth, unspecified	C50.511 Malignant neoplasm of lower-outer quadrant of right female breast	E08.3511 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	E10.3493 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	
C06.1	Malignant neoplasm of vestibule of mouth	C50.512 Malignant neoplasm of lower-outer quadrant of left female breast	E08.3512 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	
C06.2	Malignant neoplasm of retromolar area	C50.513 Malignant neoplasm of lower-outer quadrant of right male breast	E08.3513 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	E10.3511 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast	E08.3519 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	E10.3512 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	
C06.9	Malignant neoplasm of sites of other parts of mouth	C50.521 Malignant neoplasm of lower-outer quadrant of right male breast	E08.3521 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E10.3513 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	
C07	Malignant neoplasm of parotid gland	C50.522 Malignant neoplasm of lower-outer quadrant of left male breast	E08.3522 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	
C08.0	Malignant neoplasm of submandibular gland	C50.529 Malignant neoplasm of lower-outer quadrant of unspecified male breast	E08.3523 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E10.3521 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	
C08.1	Malignant neoplasm of submandibular gland	C50.611 Malignant neoplasm of axillary tail of right female breast	E08.3529 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E10.3522 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	
C08.2	Malignant neoplasm of floor of mouth, unspecified	C50.612 Malignant neoplasm of axillary tail of left female breast	E08.3531 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E10.3523 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	
C08.3	Malignant neoplasm of floor of mouth, unspecified	C50.621 Malignant neoplasm of axillary tail of right male breast	E08.3533 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E10.3531 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	
C08.9	Malignant neoplasm of floor of mouth, unspecified	C50.622 Malignant neoplasm of axillary tail of left male breast	E08.3539 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	E10.3532 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	
C09.8	Malignant neoplasm of tonsils	C50.629 Malignant neoplasm of axillary tail of unspecified male breast	E08.3541 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and hemorrhagic retinal detachment, right eye	E10.3533 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	
C09.9	Malignant neoplasm of tonsil, unspecified	C50.811 Malignant neoplasm of overlapping sites of right female breast	E08.3542 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and hemorrhagic retinal detachment, left eye	E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	
C10.0	Malignant neoplasm of vallecula	C50.812 Malignant neoplasm of overlapping sites of left female breast	E08.3543 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and hemorrhagic retinal detachment, bilateral	E10.3541 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	
C10.1	Malignant neoplasm of anterior surface of epiglottis	C50.819 Malignant neoplasm of overlapping sites of unspecified female breast	E08.3549 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and hemorrhagic retinal detachment, left eye	E10.3542 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	
C10.2	Malignant neoplasm of lateral wall of pharynx	C50.821 Malignant neoplasm of overlapping sites of right male breast	E08.3551 Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	E10.3543 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	
C10.3	Malignant neoplasm of floor of mouth, unspecified	C50.822 Malignant neoplasm of overlapping sites of left male breast	E08.3552 Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	
C10.4	Malignant neoplasm of pharynx, unspecified	C50.829 Malignant neoplasm of overlapping sites of unspecified breast	E08.3553 Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	E10.3552 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	
C10.8	Malignant neoplasm of overlapping sites of pharynx	C50.911 Malignant neoplasm of unspecified site of right female breast	E08.3559 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	E10.3553 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	
C10.9	Malignant neoplasm of pharynx, unspecified	C50.912 Malignant neoplasm of unspecified site of left female breast	E08.3591 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	
C11.0	Malignant neoplasm of superior wall of nasopharynx	C50.919 Malignant neoplasm of unspecified site of female breast	E08.3592 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	E10.3591 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	
C11.1	Malignant neoplasm of posterior wall of nasopharynx	C50.921 Malignant neoplasm of unspecified site of right male breast	E08.3593 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	E10.3592 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	
C11.2	Malignant neoplasm of lateral wall of nasopharynx	C50.922 Malignant neoplasm of unspecified site of left male breast	E08.3599 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye		
C11.3	Malignant neoplasm of anterior wall of nasopharynx	C50.929 Malignant neoplasm of unspecified site of unspecified male breast	E08.37X1 Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	E10.3593 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Z85.3 Personal history of malignant neoplasm of breast	E08.37X2 Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	
C11.9	Malignant neoplasm of nasopharynx, unspecified	C79.81 Secondary malignant neoplasm of breast	E08.37X3 Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	E10.36 Type 1 diabetes mellitus with diabetic cataract	
C12	Malignant neoplasm of pyriform sinus	C84.7A Anaplastic large cell lymphoma, ALK-negative, breast	E09.311 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	E10.37X1 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	
C13.0	Malignant neoplasm of postcroid region	D05.00 Lobular carcinoma in situ of unspecified breast	E09.319 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	E10.37X2 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	
C13.1	Malignant neoplasm of azygopiotic fold, hypopharyngeal aspect	D05.01 Lobular carcinoma in situ of right breast	E09.321 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	E10.37X3 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	
C13.2	Malignant neoplasm of posterior wall of hypopharynx	D05.10 Intraductal carcinoma in situ of unspecified breast	E09.3211 Intraductal carcinoma in situ of right breast	E10.37X9 Type 1 diabetes mellitus with diabetes, right eye	
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	D05.11 Intraductal carcinoma in situ of right breast	E09.3213 Intraductal carcinoma in situ of right breast	Type 1 diabetes mellitus with other diabetic ophthalmic complication	
C13.9	Malignant neoplasm of hypopharynx, unspecified	D05.12 Intraductal carcinoma in situ of left breast	E09.3219 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Type 1 diabetes mellitus with other diabetic ophthalmic complication	
C14.0	Malignant neoplasm of pharynx, unspecified	D05.29 Lobular carcinoma in situ of left breast	E09.		

C32.2	Malignant neoplasm of subglottis	E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	E11.3502	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
C32.3	Malignant neoplasm of laryngeal cartilage	E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	E11.3503	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
C32.9	Malignant neoplasm of overlapping sites of larynx	E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	E11.3504	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
C33	Malignant neoplasm of trachea	E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E11.3505	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
C34.00	Malignant neoplasm of unspecified main bronchus	E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E11.3506	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
C34.01	Malignant neoplasm of right main bronchus	E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E11.3507	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	E11.3508	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	E11.3509	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
C34.12	Malignant neoplasm of left main bronchus	E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	E11.3510	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
C34.20	Malignant neoplasm of left main bronchus	E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
C34.21	Malignant neoplasm of esophageal bronchus	E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	E11.3512	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, right eye	E11.3513	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, left eye	E11.3514	Type 2 diabetes mellitus with diabetic macular edema, bilateral
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, bilateral	E11.3515	Type 2 diabetes mellitus with diabetic macular edema, unspecified eye
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, unspecified eye	E11.3516	Type 2 diabetes mellitus with diabetic macular edema, right eye
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	E11.3517	Type 2 diabetes mellitus with diabetic macular edema, left eye
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	E11.3518	Type 2 diabetes mellitus with diabetic macular edema, bilateral
C34.90	Malignant neoplasm of unspecified part of left bronchus or lung	E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	E11.3519	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	E11.3520	Type 2 diabetes mellitus with other diabetic ophthalmic complication
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	E11.3521	Type 2 diabetes mellitus with diabetic maculopathy
C37	Malignant neoplasm of thymus	E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	E11.3522	Type 2 diabetes mellitus with other diabetic maculopathy
C38.0	Malignant neoplasm of heart	E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	E11.3523	Type 2 diabetes mellitus with diabetic maculopathy, unspecified
C38.1	Malignant neoplasm of anterior mediastinum	E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	E11.3524	Type 2 diabetes mellitus with diabetic mononeuropathy
C38.2	Malignant neoplasm of posterior mediastinum	E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	E11.3525	Type 2 diabetes mellitus with diabetic polyneuropathy
C38.3	Malignant neoplasm of mediastinum, part unspecified	E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	E11.3526	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
C38.4	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	E11.3527	Type 2 diabetes mellitus with diabetic peripheral neuropathy
C38.5	Malignant neoplasm of heart, mediastinum and pleura	E11.3511	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	E11.3528	Type 2 diabetes mellitus with diabetic peripheral neuropathy
C38.6	Malignant neoplasm of upper respiratory tract, part unspecified	E11.3519	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	E11.3529	Type 2 diabetes mellitus with diabetic maculopathy
C38.9	Malignant neoplasm of lower respiratory tract, part unspecified	E11.35211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	E11.3530	Type 2 diabetes mellitus with other diabetic maculopathy
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	E11.35212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	E11.3531	Type 2 diabetes mellitus with other specified complication
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	E11.35213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	E12.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
C40.10	Malignant neoplasm of short bones of unspecified upper limb	E11.35219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	E12.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
C40.11	Malignant neoplasm of short bones of right upper limb	E11.35291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	E12.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
C40.12	Malignant neoplasm of short bones of left upper limb	E11.35292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	E12.014	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	E11.35299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	E12.015	Pre-existing type 1 diabetes mellitus, in nonpregnancy
C40.21	Malignant neoplasm of long bones of right lower limb	E11.35311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E12.016	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
C40.22	Malignant neoplasm of long bones of left lower limb	E11.35311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	E12.017	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
C40.31	Malignant neoplasm of short bones of right lower limb	E11.35313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	E12.018	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
C40.32	Malignant neoplasm of short bones of left lower limb	E11.35319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	E12.019	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	E11.35391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	E12.020	Pre-existing type 2 diabetes mellitus, in the puerperium
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	E11.35392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	E12.021	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	E11.35393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	E12.022	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
C40.89	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	E11.35399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E12.023	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	E11.35412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	E12.024	Unspecified pre-existing diabetes mellitus in childhood
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	E11.35413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	E12.025	Unspecified pre-existing diabetes mellitus in the puerperium
C41.00	Malignant neoplasm of bone and articular cartilage, unspecified	E11.35419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	E12.026	Other pre-existing diabetes mellitus in the puerperium
C41.1	Malignant neoplasm of mandible	E11.35491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	E12.027	Gestational diabetes mellitus in pregnancy, diet controlled
C41.2	Malignant neoplasm of vertebral column	E11.35492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	E12.028	Gestational diabetes mellitus in pregnancy, insulin controlled
C41.3	Malignant neoplasm of ribs, sternum and clavicle	E11.35493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	E12.029	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	E11.35499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	E12.030	Gestational diabetes mellitus in pregnancy, diet controlled
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	E11.35511	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	E12.031	Other pre-existing diabetes mellitus in the puerperium, diet controlled
C42.00	Malignant melanoma of lip	E11.35512	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	E12.032	Other pre-existing diabetes mellitus in the puerperium, insulin controlled
C42.10	Malignant melanoma of unspecified eyelid, including canthus	E11.35513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	E12.033	Gestational diabetes mellitus in the puerperium, controlled by oral hypoglycemic drugs
C42.11	Malignant melanoma of right upper eyelid, including canthus	E11.35519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	E12.034	Gestational diabetes mellitus in the puerperium, unspecified control
C42.12	Malignant melanoma of left upper eyelid, including canthus	E11.35522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	E12.035	Gestational diabetes mellitus in the puerperium, unspecified control
C42.20	Malignant melanoma of unspecified ear and external auricular canal	E11.35529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	E12.036	Other pre-existing diabetes mellitus in pregnancy, first trimester
C42.21	Malignant melanoma of right ear and external auricular canal	E11.35529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E12.037	Other pre-existing diabetes mellitus in pregnancy, second trimester
C42.22	Malignant melanoma of left ear and external auricular canal	E11.35530	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E12.038	Other pre-existing diabetes mellitus in pregnancy, third trimester
C42.31	Malignant melanoma of right upper limb, including shoulder	E11.35533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	E12.039	Other pre-existing diabetes mellitus in childhood
C42.43	Malignant melanoma of left upper limb, including shoulder	E11.35539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	E12.040	Other pre-existing diabetes mellitus in the puerperium
C42.70	Malignant melanoma of unspecified lower limb, including hip	E11.35591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	E12.041	Long term (current) use of insulin
C43.39	Malignant melanoma of other parts of face	E11.35641	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, right eye		
C43.40	Malignant melanoma of scalp and neck	E11.35642	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, left eye		
C43.51	Malignant melanoma of anal skin	E11.35649	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye		
C43.52	Malignant melanoma of skin of breast	E11.35643	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, bilateral		
C43.59	Malignant melanoma of other part of trunk	E11.35643	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhematogenous retinal detachment, bilateral		
C43.60	Malignant melanoma of skin of right upper limb, including shoulder	E11.35652	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye		
C43.61	Malignant melanoma of skin of left upper limb, including shoulder	E11.35653	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye		
C43.62	Malignant melanoma of unspecified lower limb, including hip	E11.35659	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy, unspecified eye		
C43.71	Malignant melanoma of right lower limb, including hip	E11.35691	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye		
C43.8	Malignant melanoma of overlapping sites of skin	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye		
C43.9	Malignant melanoma of skin, unspecified	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye		
C44.00	Unspecified malignant neoplasm of skin of lip	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye		
C44.01	Unspecified malignant neoplasm of skin of eye, including canthus	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye		
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye		
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral		
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus	E11.3572X1	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye</td		

C44.521	Squamous cell carcinoma of skin of breast	H33.003	Unspecified retinal detachment with retinal break, bilateral
C44.529	Squamous cell carcinoma of skin of other part of trunk	H33.011	Retinal detachment with single break, right eye
C44.530	Other specified malignant neoplasm of anal skin	H33.012	Retinal detachment with single break, bilateral
C44.591	Other specified malignant neoplasm of skin of breast	H33.013	Retinal detachment with single break, bilateral
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	H33.021	Retinal detachment with multiple breaks, right eye
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder	H33.022	Retinal detachment with multiple breaks, left eye
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder	H33.023	Retinal detachment with multiple breaks, bilateral
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	H33.032	Retinal detachment with giant retinal tear, right eye
C44.613	Basal cell carcinoma of skin of right upper limb, including shoulder	H33.033	Retinal detachment with giant retinal tear, left eye
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder	H33.041	Retinal detachment with retinal dialysis, right eye
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	H33.042	Retinal detachment with retinal dialysis, left eye
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder	H33.051	Retinal detachment with retinal dialysis, bilateral
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder	H33.052	Total retinal detachment, right eye
C44.691	Other specified malignant neoplasm of skin of right upper limb, including shoulder	H33.053	Total retinal detachment, left eye
C44.692	Other specified malignant neoplasm of skin of left upper limb, including shoulder	H33.054	Unspecified retinoblastosis, right eye
C44.699	Other specified malignant neoplasm of skin of left upper limb, including hip	H33.102	Unspecified retinoblastosis, left eye
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip	H33.103	Unspecified retinoblastosis, bilateral
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip	H33.111	Cyst of ora serrata, right eye
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip	H33.112	Cyst of ora serrata, left eye
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip	H33.113	Cyst of ora serrata, bilateral
C44.719	Basal cell carcinoma of skin of right lower limb, including hip	H33.121	Parasitic cyst of retina, right eye
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip	H33.122	Parasitic cyst of retina, left eye
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip	H33.123	Parasitic cyst of retina, bilateral
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip	H33.191	Other retinoblastosis and retinal cysts, right eye
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip	H33.192	Other retinoblastosis and retinal cysts, left eye
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip	H33.193	Other retinoblastosis and retinal cysts, bilateral
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip	H33.21	Serous retinal detachment, right eye
C44.80	Unspecified malignant neoplasm of overlapping sites of skin	H33.22	Serous retinal detachment, left eye
C44.81	Basal cell carcinoma of overlapping sites of skin	H33.23	Serous retinal detachment, bilateral
C44.82	Squamous cell carcinoma of overlapping sites of skin	H33.301	Unspecified retinal break, right eye
C44.89	Other specified malignant neoplasm of overlapping sites of skin	H33.302	Unspecified retinal break, left eye
C44.90	Other specified malignant neoplasm of skin of lip	H33.303	Unspecified retinal break, bilateral
C44.91	Basal cell carcinoma of skin of unspecified sites	H33.311	Horseshoe tear of retina without detachment, right eye
C44.92	Other specified malignant neoplasm of skin of right lower limb, including hip	H33.312	Horseshoe tear of retina without detachment, left eye
C44.99	Other specified malignant neoplasm of skin, unspecified	H33.313	Horseshoe tear of retina without detachment, bilateral
C45.0	Mesothelioma of pleura	H33.321	Round hole, right eye
C45.1	Mesothelioma of peritoneum	H33.322	Round hole, left eye
C45.2	Mesothelioma of pericardium	H33.331	Multiple defects of retina without detachment, right eye
C45.7	Mesothelioma of other sites	H33.332	Multiple defects of retina without detachment, left eye
C45.9	Mesothelioma, unspecified	H33.333	Multiple defects of retina without detachment, bilateral
C46.0	Kaposi's sarcoma of skin	H34.01	Traction detachment of retina, right eye
C46.1	Kaposi's sarcoma of connective tissue	H34.02	Traction detachment of retina, left eye
C46.2	Kaposi's sarcoma of palate	H34.03	Traction detachment of retina, bilateral
C46.3	Kaposi's sarcoma of lymph nodes	H34.10	Central retinal artery occlusion, unspecified eye
C46.4	Kaposi's sarcoma of gastrointestinal sites	H34.11	Central retinal artery occlusion, right eye
C46.50	Kaposi's sarcoma of unspecified lung	H34.12	Central retinal artery occlusion, left eye
C46.51	Kaposi's sarcoma of right lung	H34.13	Central retinal artery occlusion, bilateral
C46.52	Kaposi's sarcoma of left lung	H34.213	Partial retinal artery occlusion, bilateral
C46.7	Kaposi's sarcoma of other sites	H34.219	Partial retinal artery occlusion, unspecified eye
C46.9	Kaposi's sarcoma, unspecified	H34.231	Retinal artery branch occlusion, right eye
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	H34.232	Retinal artery branch occlusion, left eye
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	H34.239	Retinal artery branch occlusion, bilateral
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	H34.910	Central retinal vein occlusion, right eye, with macular edema
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	H34.911	Central retinal vein occlusion, right eye, with retinal neovascularization
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	H34.912	Central retinal vein occlusion, right eye, stable
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	H34.913	Central retinal vein occlusion, bilateral
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	H34.914	Partial retinal artery occlusion, right eye
C47.3	Malignant neoplasm of peripheral nerves of thorax	H34.915	Partial retinal artery occlusion, left eye
C47.4	Malignant neoplasm of peripheral nerves of abdomen	H34.916	Partial retinal artery occlusion, left eye
C47.5	Malignant neoplasm of peripheral nerves of trunk, unspecified	H34.917	Partial retinal artery occlusion, right eye
C47.6	Malignant neoplasm of peripheral nerves of head, face and neck	H34.918	Partial retinal artery occlusion, right eye, with macular edema
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	H34.919	Central retinal vein occlusion, right eye, with retinal neovascularization
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	H34.920	Central retinal vein occlusion, right eye, stable
C48.0	Malignant neoplasm of retroperitoneum	H34.921	Central retinal vein occlusion, left eye, with macular edema
C48.1	Malignant neoplasm of specified parts of peritoneum	H34.922	Central retinal vein occlusion, left eye, with retinal neovascularization
C48.2	Malignant neoplasm of peritoneum, unspecified	H34.923	Central retinal vein occlusion, left eye, stable
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	H34.924	Central retinal vein occlusion, bilateral
C49.0	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	H34.925	Central retinal vein occlusion, bilateral, with retinal neovascularization
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	H34.926	Central retinal vein occlusion, unspecified, right eye
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	H34.927	Central retinal vein occlusion, unspecified, left eye
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	H34.928	Central retinal vein occlusion, unspecified, right eye, with macular edema
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	H34.929	Central retinal vein occlusion, unspecified, right eye, with retinal neovascularization
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	H34.930	Central retinal vein occlusion, unspecified, left eye
C49.3	Malignant neoplasm of connective and soft tissue of thorax	H34.931	Central retinal vein occlusion, unspecified, left eye, with macular edema
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	H34.932	Central retinal vein occlusion, right eye, with macular edema
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	H34.933	Central retinal vein occlusion, bilateral, with macular edema
C49.6	Malignant neoplasm of connective and soft tissue, unspecified	H34.934	Central retinal vein occlusion, bilateral, with retinal neovascularization
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	H34.935	Central retinal vein occlusion, unspecified eye, with macular edema
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	H34.936	Central retinal vein occlusion, unspecified eye, with retinal neovascularization
C49.40	Gastrointestinal stromal tumor, unspecified site	H34.937	Central retinal vein occlusion, unspecified eye, stable
C49.41	Gastrointestinal stromal tumor of esophagus	H34.938	Tributary (branch) retinal vein occlusion, right eye, stable
C49.42	Gastrointestinal stromal tumor of stomach	H34.939	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
C49.43	Gastrointestinal stromal tumor of small intestine	H34.940	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
C49.44	Gastrointestinal stromal tumor of large intestine	H34.941	Tributary (branch) retinal vein occlusion, left eye, stable
C49.45	Gastrointestinal stromal tumor of rectum	H34.942	Tributary (branch) retinal vein occlusion, left eye, with macular edema
C49.46	Gastrointestinal stromal tumor of other sites	H34.943	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
C44.0	Merkel cell carcinoma of lip	H34.944	Tributary (branch) retinal vein occlusion, unspecified eye, stable
C44.10	Merkel cell carcinoma of unspecified eyelid, including canthus	H34.945	Merkel cell carcinoma of eyelid, including canthus
C44.111	Merkel cell carcinoma of right upper eyelid, including canthus	H35.00	Unspecified background retinopathy
C44.112	Merkel cell carcinoma of right lower eyelid, including canthus	H35.011	Changes in retinal vascular appearance, right eye
C44.121	Merkel cell carcinoma of left upper eyelid, including canthus	H35.012	Changes in retinal vascular appearance, left eye
C44.122	Merkel cell carcinoma of left lower eyelid, including canthus	H35.013	Changes in retinal vascular appearance, bilateral
C44.20	Merkel cell carcinoma of unspecified ear and external auricular canal	H35.019	Changes in retinal vascular appearance, unspecified eye
C44.21	Merkel cell carcinoma of right ear and external auricular canal	H35.021	Exudative retinopathy, right eye
C44.22	Merkel cell carcinoma of left ear and external auricular canal	H35.022	Exudative retinopathy, left eye
C44.30	Merkel cell carcinoma of unspecified part of face	H35.023	Exudative retinopathy, bilateral
C44.31	Merkel cell carcinoma of nose	H35.024	Exudative retinopathy, unspecified eye
C44.39	Merkel cell carcinoma of other parts of face	H35.031	Hypertensive retinopathy, right eye
C44.4	Merkel cell carcinoma of scalp and neck	H35.032	Hypertensive retinopathy, left eye
C44.51	Merkel cell carcinoma of anal skin	H35.033	Hypertensive retinopathy, bilateral
C44.52	Merkel cell carcinoma of skin of breast	H35.039	Hypertensive retinopathy, unspecified eye
C44.59	Merkel cell carcinoma of other part of trunk	H35.040	Retinal micro-aneurysms, unspecified, right eye
C44.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	H35.042	Retinal micro-aneurysms, unspecified, left eye
C44.61	Merkel cell carcinoma of right upper limb, including shoulder	H35.043	Retinal micro-aneurysms, unspecified, bilateral
C44.63	Merkel cell carcinoma of left upper limb, including shoulder	H35.049	Retinal micro-aneurysms, unspecified, unspecified eye
C44.70	Merkel cell carcinoma of unspecified lower limb, including hip	H35.051	Retinal neovascularization, unspecified, right eye
C44.71	Merkel cell carcinoma of right lower limb, including hip	H35.052	Retinal neovascularization, unspecified, left eye
C44.72	Merkel cell carcinoma of left lower limb, including hip	H35.053	Retinal neovascularization, unspecified, bilateral
C44.8	Merkel cell carcinoma of overlapping sites	H35.059	Retinal neovascularization, unspecified, unspecified eye
C44.9	Merkel cell carcinoma, unspecified	H35.061	Retinal vasculitis, right eye
C50.011	Malignant neoplasm of nipple and areola, right female breast	H35.062	Retinal vasculitis, left eye
C50.012	Malignant neoplasm of nipple and areola, right breast	H35.063	Retinal vasculitis, bilateral
C50.012	Malignant neoplasm of central portion of left female breast	H35.069	Other intraretinal microvascular abnormalities
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	H35.141	Retinopathy of prematurity, stage 3, right eye
C50.021	Malignant neoplasm of nipple and areola, right male breast	H35.142	Retinopathy of prematurity, stage 3, left eye
C50.211	Malignant neoplasm of central portion of right female breast	H35.143	Retinopathy of prematurity, stage 3, bilateral
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	H35.149	Retinopathy of prematurity, stage 3, unspecified eye
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	H35.151	Retinopathy of prematurity, stage 4, right eye
C50.022	Malignant neoplasm of nipple and areola, left male breast	H35.152	Retinopathy of prematurity, stage 4, left eye
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	H35.153	Retinopathy of prematurity, stage 4, bilateral
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	H35.159	Retinopathy of prematurity, stage 4, unspecified eye
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	H35.161	Retinopathy of prematurity, stage 5, right eye
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	H35.162	Retinopathy of prematurity, stage 5, left eye
C50.311	Malignant neoplasm of lower-inner quadrant of right breast	H35.163	Retinopathy of prematurity, stage 5, bilateral
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	H35.169	Retinopathy of prematurity, stage 5, unspecified eye
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	H35.21	Other non-diabetic proliferative retinopathy, right eye
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	H35.22	Other non-diabetic proliferative retinopathy, left eye
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	H35.23	Other non-diabetic proliferative retinopathy, bilateral
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	H35.311	Nonexudative age-related macular degeneration, bilateral, early dry stage
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	H35.320	Exudative age-related macular degeneration, right eye

C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	H35.3223	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	H35.3223	Exudative age-related macular degeneration, bilateral, stage unspecified
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
C50.611	Malignant neoplasm of axillary tail of right female breast	H35.3233	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
C50.612	Malignant neoplasm of axillary tail of left female breast	H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
C50.621	Malignant neoplasm of axillary tail of right male breast	H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
C50.622	Malignant neoplasm of axillary tail of left male breast	H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
C50.639	Malignant neoplasm of axillary tail of unspecified male breast	H35.33	Angular streaks of macula
C50.811	Malignant neoplasm of overlapping sites of right female breast	H35.341	Macular cyst, hole, or pseudohole, right eye
C50.812	Malignant neoplasm of overlapping sites of left female breast	H35.342	Macular cyst, hole, or pseudohole, left eye
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	H35.343	Macular cyst, hole, or pseudohole, bilateral
C50.821	Malignant neoplasm of overlapping sites of right male breast	H35.351	Cystoid macular degeneration, right eye
C50.822	Malignant neoplasm of overlapping sites of left male breast	H35.352	Cystoid macular degeneration, left eye
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	H35.353	Cystoid macular degeneration, bilateral
C50.911	Malignant neoplasm of unspecified site of right female breast	H35.359	Cystoid macular degeneration, unspecified eye
C50.912	Malignant neoplasm of unspecified site of left female breast	H35.373	Puckering of macula, bilateral
C50.919	Malignant neoplasm of unspecified site of right male breast	H35.81	Retinal edema
C50.921	Malignant neoplasm of unspecified site of left male breast	H35.82	Retinal ischemia
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	H36.811	Nonproliferative sickle-cell retinopathy, right eye
285.3	Personal history of malignant neoplasm of breast	H36.812	Nonproliferative sickle-cell retinopathy, left eye
C51.0	Malignant neoplasm of labium majus	H36.813	Nonproliferative sickle-cell retinopathy, bilateral
C51.1	Malignant neoplasm of labium minus	H36.819	Nonproliferative sickle-cell retinopathy, unspecified eye
C51.2	Malignant neoplasm of clitoris	H36.821	Proliferative sickle-cell retinopathy, right eye
C51.8	Malignant neoplasm of overlapping sites of vulva	H36.822	Proliferative sickle-cell retinopathy, left eye
C51.9	Malignant neoplasm of vulva, unspecified	H36.823	Proliferative sickle-cell retinopathy, bilateral
C52	Malignant neoplasm of vagina	H36.829	Proliferative sickle-cell retinopathy, unspecified eye
C53.0	Malignant neoplasm of endocervix	H36.89	Other retinal disorders in diseases classified elsewhere
C53.1	Malignant neoplasm of exocervix	H40.50X0	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	H40.50X1	Glaucoma secondary to other eye disorders, unspecified eye, mild stage
C53.9	Malignant neoplasm of cervix uteri, unspecified	H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage
C54.0	Malignant neoplasm of endometri	H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage
C54.1	Malignant neoplasm of endometrium	H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage
C54.2	Malignant neoplasm of myometrium	H40.51X0	Glaucoma secondary to other eye disorders, right eye, unspecified
C54.3	Malignant neoplasm of fundus uteri	H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
C54.9	Malignant neoplasm of corpus uteri, unspecified	H40.51X4	Glaucoma secondary to other eye disorders, right eye, severe stage
C55	Malignant neoplasm of uterus, part unspecified	H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified
C56.1	Malignant neoplasm of right ovary	H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
C56.2	Malignant neoplasm of left ovary	H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
C56.3	Malignant neoplasm of unspecified ovary	H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
C56.9	Malignant neoplasm of unspecified fallopian tube	H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage
C57.0	Malignant neoplasm of unspecified broad ligament	H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified
C57.11	Malignant neoplasm of right broad ligament	H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
C57.12	Malignant neoplasm of left broad ligament	H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
C57.2	Malignant neoplasm of left fallopian tube	H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
C57.20	Malignant neoplasm of unspecified round ligament	H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
C57.21	Malignant neoplasm of right round ligament	H44.20	Degenerative myopia, unspecified eye
C57.22	Malignant neoplasm of left round ligament	H44.21	Degenerative myopia, right eye
C57.3	Malignant neoplasm of parametrium	H44.22	Degenerative myopia, left eye
C57.4	Malignant neoplasm of uterine adnexa, unspecified	H44.23	Degenerative myopia, bilateral
C57.7	Malignant neoplasm of other specified female genital organs	H44.341	Degenerative myopia with choroidal neovascularization, right eye
C57.8	Malignant neoplasm of overlapping sites of female genital organs	H44.242	Degenerative myopia with choroidal neovascularization, left eye
C57.9	Malignant neoplasm of female genital organ, unspecified	H44.243	Degenerative myopia with choroidal neovascularization, bilateral
C58	Malignant neoplasm of placenta	H44.249	Degenerative myopia with choroidal neovascularization, unspecified eye
C60.0	Malignant neoplasm of prepuce	H44.281	Degenerative myopia with macular hole, right eye
C60.1	Malignant neoplasm of prepuce	H44.282	Degenerative myopia with macular hole, left eye
C60.2	Malignant neoplasm of head of penis	H44.283	Degenerative myopia with macular hole, bilateral
C60.8	Malignant neoplasm of overlapping sites of penis	H44.289	Degenerative myopia with foveoschisis, right eye
C60.9	Malignant neoplasm of penis, unspecified	H44.290	Degenerative myopia with foveoschisis, left eye
C61	Malignant neoplasm of prostate	H44.293	Degenerative myopia with foveoschisis, bilateral
C62.00	Malignant neoplasm of unspecified undescended testis	H44.299	Degenerative myopia with foveoschisis, unspecified eye
C62.01	Malignant neoplasm of undescended right testis	H44.201	Degenerative myopia with foveoschisis, right eye
C62.10	Malignant neoplasm of unspecified descended testis	H44.202	Degenerative myopia with foveoschisis, left eye
C62.11	Malignant neoplasm of descended right testis	H44.203	Degenerative myopia with foveoschisis, bilateral
C62.12	Malignant neoplasm of descended left testis	H44.209	Degenerative myopia with other maculopathy, right eye
C62.02	Malignant neoplasm of undescended left testis	H44.211	Degenerative myopia with other maculopathy, left eye
C62.99	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	H44.212	Degenerative myopia with other maculopathy, bilateral
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	H44.213	Degenerative myopia with other maculopathy, right eye
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	H44.214	Degenerative myopia with other maculopathy, left eye
C63.00	Malignant neoplasm of unspecified epididymis	H40.841	Neovascular secondary angle closure glaucoma right eye
C63.01	Malignant neoplasm of right epididymis	H40.842	Neovascular secondary angle closure glaucoma left eye
C63.10	Malignant neoplasm of unspecified spermatic cord	H40.843	Neovascular secondary angle closure glaucoma bilateral
C63.11	Malignant neoplasm of left spermatic cord	H40.849	Neovascular secondary angle closure glaucoma unspecified eye
C63.12	Malignant neoplasm of left epididymis		
C63.02	Malignant neoplasm of scrotum		
C63.7	Malignant neoplasm of other specified male genital organs		
C63.8	Malignant neoplasm of overlapping sites of male genital organs		
C63.9	Malignant neoplasm of male genital organ, unspecified		
C64.1	Malignant neoplasm of right kidney, except renal pelvis		
C64.2	Malignant neoplasm of left kidney, except renal pelvis		
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis		
C65.1	Malignant neoplasm of right renal pelvis		
C65.2	Malignant neoplasm of left renal pelvis		
C65.9	Malignant neoplasm of unspecified renal pelvis		
C66.1	Malignant neoplasm of right ureter		
C66.2	Malignant neoplasm of left ureter		
C66.9	Malignant neoplasm of unspecified ureter		
C67.0	Malignant neoplasm of trigone of bladder		
C67.1	Malignant neoplasm of dome of bladder		
C67.2	Malignant neoplasm of transitional wall of bladder		
C67.3	Malignant neoplasm of intramural wall of bladder		
C67.4	Malignant neoplasm of posterior wall of bladder		
C67.5	Malignant neoplasm of bladder neck		
C67.6	Malignant neoplasm of ureteric orifice		
C67.7	Malignant neoplasm of urachus		
C67.8	Malignant neoplasm of overlapping sites of bladder		
C67.9	Malignant neoplasm of bladder, unspecified		
C68.0	Malignant neoplasm of urethra		
C68.1	Malignant neoplasm of overlapping sites of urogenital glands		
C68.8	Malignant neoplasm of overlapping sites of urinary organs		
C68.9	Malignant neoplasm of urinary organ, unspecified		
C69.00	Malignant neoplasm of unspecified conjunctiva		
C69.01	Malignant neoplasm of right conjunctiva		
C69.10	Malignant neoplasm of unspecified cornea		
C69.11	Malignant neoplasm of right cornea		
C69.12	Malignant neoplasm of left cornea		
C69.02	Malignant neoplasm of left conjunctiva		
C69.20	Malignant neoplasm of unspecified retina		
C69.21	Malignant neoplasm of right retina		
C69.22	Malignant neoplasm of left retina		
C69.30	Malignant neoplasm of unspecified choroid		
C69.31	Malignant neoplasm of right choroid		
C69.32	Malignant neoplasm of left choroid		
C69.40	Malignant neoplasm of unspecified ciliary body		
C69.41	Malignant neoplasm of right ciliary body		
C69.42	Malignant neoplasm of left ciliary body		
C69.50	Malignant neoplasm of right lacrimal gland and duct		
C69.51	Malignant neoplasm of left lacrimal gland and duct		
C69.52	Malignant neoplasm of unspecified orbit		
C69.61	Malignant neoplasm of right orbit		
C69.62	Malignant neoplasm of left orbit		
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa		
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa		
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa		
C69.90	Malignant neoplasm of unspecified site of unspecified eye		
C69.91	Malignant neoplasm of unspecified site of right eye		
C69.92	Malignant neoplasm of unspecified site of left eye		
C70.0	Malignant neoplasm of cerebral meninges		
C70.1	Malignant neoplasm of spinal meninges		
C70.9	Malignant neoplasm of meninges, unspecified		
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles		
C71.1	Malignant neoplasm of frontal lobe		
C71.2	Malignant neoplasm of temporal lobe		
C71.3	Malignant neoplasm of parietal lobe		
C71.4	Malignant neoplasm of occipital lobe		

C71.5 Malignant neoplasm of cerebral ventricle
C71.6 Malignant neoplasm of cerebellum
C71.7 Malignant neoplasm of brain stem
C71.8 Malignant neoplasm of overlapping sites of brain
C71.9 Malignant neoplasm of brain, unspecified
C72.0 Malignant neoplasm of spinal cord
C72.1 Malignant neoplasm of cauda equina
C72.20 Malignant neoplasm of unspecified olfactory nerve
C72.21 Malignant neoplasm of right olfactory nerve
C72.22 Malignant neoplasm of left olfactory nerve
C72.23 Malignant neoplasm of unspecified nerve
C72.31 Malignant neoplasm of right optic nerve
C72.32 Malignant neoplasm of left optic nerve
C72.40 Malignant neoplasm of unspecified acoustic nerve
C72.41 Malignant neoplasm of right acoustic nerve
C72.42 Malignant neoplasm of left acoustic nerve
C72.50 Malignant neoplasm of unspecified cranial nerve
C72.59 Malignant neoplasm of other cranial nerves
C72.9 Malignant neoplasm of other parts of nervous system, unspecified
C73 Malignant neoplasm of thyroid gland
C74.00 Malignant neoplasm of cortex of unspecified adrenal gland
C74.01 Malignant neoplasm of medulla of unspecified adrenal gland
C74.10 Malignant neoplasm of medulla of right adrenal gland
C74.11 Malignant neoplasm of medulla of left adrenal gland
C74.12 Malignant neoplasm of medulla of both adrenal glands
C74.02 Malignant neoplasm of cortex of left adrenal gland
C74.90 Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91 Malignant neoplasm of unspecified part of right adrenal gland
C74.92 Malignant neoplasm of unspecified part of left adrenal gland
C75.0 Malignant neoplasm of parathyroid gland
C75.1 Malignant neoplasm of pituitary gland
C75.2 Malignant neoplasm of craniopharyngeal duct
C75.3 Malignant neoplasm of pineal gland
C75.4 Malignant neoplasm of carotid body
C75.5 Malignant neoplasm of aortic body and other paranglia
C75.8 Malignant neoplasm of pharyngeal involvement, unspecified
C75.9 Malignant neoplasm of otherocrine gland, unspecified
C76.0 Malignant neoplasm of head, face and neck
C76.1 Malignant neoplasm of thorax
C76.2 Malignant neoplasm of abdomen
C76.3 Malignant neoplasm of pelvis
C76.40 Malignant neoplasm of unspecified upper limb
C76.41 Malignant neoplasm of right upper limb
C76.42 Malignant neoplasm of left upper limb
C76.50 Malignant neoplasm of unspecified lower limb
C76.51 Malignant neoplasm of right lower limb
C76.52 Malignant neoplasm of left lower limb
C76.8 Malignant neoplasm of other specified ill-defined sites
C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1 Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2 Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3 Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4 Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5 Secondary and unspecified malignant neoplasm of inguinal and pelvic lymph nodes
C77.8 Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9 Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00 Secondary malignant neoplasm of unspecified lung
C78.01 Secondary malignant neoplasm of right lung
C78.1 Secondary malignant neoplasm of mediastinum
C78.2 Secondary malignant neoplasm of left lung
C78.2 Secondary malignant neoplasm of pleura
C78.30 Secondary malignant neoplasm of unspecified respiratory organ
C78.39 Secondary malignant neoplasm of other unspecified respiratory organs
C78.4 Secondary malignant neoplasm of small intestine
C78.5 Secondary malignant neoplasm of large intestine and rectum
C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80 Secondary malignant neoplasm of unspecified digestive organ
C78.89 Secondary malignant neoplasm of other digestive organs
C79.00 Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01 Secondary malignant neoplasm of right kidney and renal pelvis
C79.02 Secondary malignant neoplasm of left kidney and renal pelvis
C79.11 Secondary malignant neoplasm of bladder
C79.19 Secondary malignant neoplasm of other urinary organs
C79.2 Secondary malignant neoplasm of left kidney and renal pelvis
C79.2 Secondary malignant neoplasm of skin
C79.31 Secondary malignant neoplasm of brain
C79.32 Secondary malignant neoplasm of cerebral meninges
C79.40 Secondary malignant neoplasm of unspecified part of nervous system
C79.49 Secondary malignant neoplasm of other parts of nervous system
C79.51 Secondary malignant neoplasm of spinal canal
C79.52 Secondary malignant neoplasm of bone marrow
C79.60 Secondary malignant neoplasm of unspecified ovary
C79.61 Secondary malignant neoplasm of right ovary
C79.62 Secondary malignant neoplasm of left ovary
C79.63 Secondary malignant neoplasm of bilateral ovaries
C79.70 Secondary malignant neoplasm of unspecified adrenal gland
C79.71 Secondary malignant neoplasm of right adrenal gland
C79.72 Secondary malignant neoplasm of left adrenal gland
C79.81 Secondary malignant neoplasm of liver
C79.82 Secondary malignant neoplasm of genital organs
C79.89 Secondary malignant neoplasm of other specified sites
C79.9 Secondary malignant neoplasm of unspecified site
C7A.00 Malignant carcinoid tumor of unspecified site
C7A.1 Malignant poorly differentiated neuroendocrine tumors
C7A.010 Malignant carcinoid tumor of the duodenum
C7A.011 Malignant carcinoid tumor of the jejunum
C7A.012 Malignant carcinoid tumor of the ileum
C7A.018 Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020 Malignant carcinoid tumor of the appendix
C7A.021 Malignant carcinoid tumor of the cecum
C7A.022 Malignant carcinoid tumor of the ascending colon
C7A.023 Malignant carcinoid tumor of the transverse colon
C7A.024 Malignant carcinoid tumor of the descending colon
C7A.025 Malignant carcinoid tumor of the sigmoid colon
C7A.026 Malignant carcinoid tumor of the rectum
C7A.029 Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.8 Other malignant neuroendocrine tumors
C7A.900 Malignant carcinoid tumor of the bronchus and lung
C7A.991 Malignant carcinoid tumor of the thymus
C7A.992 Malignant carcinoid tumor of the stomach
C7A.993 Malignant carcinoid tumor of the kidney
C7A.994 Malignant carcinoid tumor of the foregut, unspecified
C7A.995 Malignant carcinoid tumor of the midgut, unspecified
C7A.996 Malignant carcinoid tumor of the hindgut, unspecified
C7A.998 Secondary carcinoid tumor of other sites
C7B.00 Secondary carcinoid tumors of distant lymph nodes
C7B.01 Secondary Merkel cell carcinoma
C7B.02 Secondary carcinoid tumors of liver
C7B.03 Secondary carcinoid tumors of bone
C7B.04 Secondary carcinoid tumors of peritoneum
C7B.8 Other secondary neuroendocrine tumors
C7B.99 Secondary carcinoid tumor of other sites
C80.0 Secondary malignant neoplasm, unspecified
C80.1 Malignant (primary) neoplasm, unspecified
C80.2 Malignant neoplasm associated with transplanted organ
C81.00 Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.10 Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11 Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12 Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13 Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14 Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15 Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16 Nodular sclerosis Hodgkin lymphoma, intra-pelvic lymph nodes
C81.17 Nodular sclerosis Hodgkin lymphoma, spleen
C81.18 Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19 Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.02 Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.20 Mixed cellular Hodgkin lymphoma, unspecified site
C81.21 Mixed cellular Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22 Mixed cellular Hodgkin lymphoma, intrathoracic lymph nodes
C81.23 Mixed cellular Hodgkin lymphoma, intra-abdominal lymph nodes

C81.24 Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25 Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26 Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27 Mixed cellularity Hodgkin lymphoma, spleen
C81.28 Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29 Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.03 Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.30 Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.33 Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36 Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37 Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39 Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.04 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.30 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.41 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42 Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43 Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46 Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47 Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49 Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.05 Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.06 Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07 Other Hodgkin lymphoma, unspecified site
C81.70 Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.71 Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.72 Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.73 Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.74 Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.75 Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76 Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77 Other Hodgkin lymphoma, spleen
C81.78 Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79 Other Hodgkin lymphoma, extranodal and solid organ sites
C81.08 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09 Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.90 Hodgkin lymphoma, unspecified, unspecified site
C81.91 Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92 Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93 Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94 Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95 Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.96 Hodgkin lymphoma, unspecified, spleen
C81.98 Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99 Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00 Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.01 Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.11 Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12 Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13 Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14 Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15 Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16 Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17 Follicular lymphoma grade II, unspecified site
C82.18 Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19 Follicular lymphoma grade II, extranodal and solid organ sites
C82.02 Follicular lymphoma grade II, intrathoracic lymph nodes
C82.20 Follicular lymphoma grade III, unspecified, unspecified site
C82.21 Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22 Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23 Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24 Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25 Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26 Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27 Follicular lymphoma grade III, unspecified, spleen
C82.28 Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29 Follicular lymphoma grade IIIa, unspecified, extranodal and solid organ sites
C82.03 Follicular lymphoma grade IIIa, unspecified site
C82.30 Follicular lymphoma grade IIIa, unspecified site
C82.31 Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32 Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33 Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34 Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35 Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36 Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37 Follicular lymphoma grade IIIa, spleen
C82.38 Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39 Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.04 Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.40 Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.41 Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42 Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43 Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44 Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45 Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46 Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47 Follicular lymphoma grade IIIb, spleen
C82.48 Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49 Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.05 Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.50 Diffuse follicle center lymphoma, unspecified site
C82.51 Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52 Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53 Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54 Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55 Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56 Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57 Diffuse follicle center lymphoma, unspecified site
C82.58 Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59 Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.06 Follicular lymphoma grade I, intrapelvic lymph nodes
C82.60 Cutaneous follicle center lymphoma, unspecified site
C82.61 Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62 Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63 Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64 Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65 Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66 Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67 Cutaneous follicle center lymphoma, spleen
C82.68 Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69 Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.07 Follicular lymphoma grade II, spleen
C82.08 Follicular lymphoma grade II, lymph nodes of multiple sites
C82.80 Other types of follicular lymphoma, unspecified site
C82.81 Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82 Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.83 Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84 Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85 Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86 Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87 Other types of follicular lymphoma, spleen
C82.88 Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89 Other types of follicular lymphoma, extranodal and solid organ sites
C82.09 Follicular lymphoma grade II, extranodal and solid organ sites
C82.90 Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.91 Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.92 Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.93 Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.94 Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.95 Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96 Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97 Follicular lymphoma, unspecified, spleen
C82.98 Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99 Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00 Small cell B-cell lymphoma, unspecified site

C83.01 Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02 Mantle cell lymphoma, unspecified site
C83.11 Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12 Mantle cell lymphoma, intrathoracic lymph nodes
C83.13 Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14 Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15 Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16 Mantle cell lymphoma, intrapelvic lymph nodes
C83.17 Mantle cell lymphoma, spleen
C83.18 Mantle cell lymphoma, lymph nodes of multiple sites
C83.19 Mantle cell lymphoma, extranodal and solid organ sites
C83.02 Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.30 Diffuse large B-cell lymphoma, unspecified site
C83.31 Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32 Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33 Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34 Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35 Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36 Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37 Diffuse large B-cell lymphoma, spleen
C83.38 Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.04 Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05 Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51 Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52 Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53 Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54 Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55 Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56 Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57 Lymphoblastic (diffuse) lymphoma, spleen
C83.58 Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59 Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.06 Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07 Small cell B-cell lymphoma, unspecified site
C83.70 Burkitt lymphoma, unspecified site
C83.71 Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72 Burkitt lymphoma, intrathoracic lymph nodes
C83.73 Burkitt lymphoma, intra-abdominal lymph nodes
C83.74 Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75 Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76 Burkitt lymphoma, intrapelvic lymph nodes
C83.77 Burkitt lymphoma, spleen
C83.78 Burkitt lymphoma, lymph nodes of multiple sites
C83.79 Burkitt lymphoma, extranodal and solid organ sites
C83.08 Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.80 Other non-follicular lymphoma, unspecified site
C83.81 Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82 Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83 Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84 Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85 Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86 Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87 Other non-follicular lymphoma, spleen
C83.88 Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89 Other non-follicular lymphoma, extranodal and solid organ sites
C83.09 Small cell B-cell lymphoma, extranodal and solid organ sites
C83.90 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.91 Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.92 Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.93 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.94 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.95 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96 Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97 Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99 Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00 Mycosis fungoides, unspecified site
C84.01 Mycosis fungoides, lymph nodes of head, face, and neck
C84.10 Sezary disease, unspecified site
C84.11 Sezary disease, lymph nodes of head, face, and neck
C84.12 Sezary disease, intrathoracic lymph nodes
C84.13 Sezary disease, intra-abdominal lymph nodes
C84.14 Sezary disease, lymph nodes of axilla and upper limb
C84.15 Sezary disease, lymph nodes of inguinal region and lower limb
C84.16 Sezary disease, intrapelvic lymph nodes
C84.17 Sezary disease, spleen
C84.18 Sezary disease, lymph nodes of multiple sites
C84.19 Sezary disease, extranodal and solid organ sites
C84.02 Mycosis fungoides, intrathoracic lymph nodes
C84.03 Mycosis fungoides, intra-abdominal lymph nodes
C84.04 Mycosis fungoides, lymph nodes of axilla and upper limb
C84.40 Peripheral T-cell lymphoma, not elsewhere classified, unspecified site
C84.41 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck
C84.42 Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
C84.43 Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
C84.44 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
C84.45 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb
C84.46 Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
C84.47 Peripheral T-cell lymphoma, not elsewhere classified, spleen
C84.48 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
C84.49 Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C84.05 Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06 Mycosis fungoides, intrapelvic lymph nodes
C84.60 Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62 Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63 Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66 Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67 Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.69 Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.07 Mycosis fungoides, spleen
C84.70 Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72 Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73 Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76 Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77 Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79 Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.76 Anaplastic large cell lymphoma, ALK-negative, breast
C84.80 Mycosis fungoides, lymph nodes of multiple sites
C84.09 Mycosis fungoides, extranodal and solid organ sites
C84.91 Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92 Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93 Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94 Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95 Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96 Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97 Mature T/NK-cell lymphomas, unspecified, spleen
C84.98 Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99 Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.00 Cutaneous T-cell lymphoma, unspecified site
C84.01 Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.02 Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.03 Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.04 Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.05 Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.06 Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes

C84.47 Cutaneous T-cell lymphoma, unspecified, spleen
C84.48 Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.49 Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.50 Other mature T/NK-cell lymphomas, unspecified site
C84.51 Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.52 Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.53 Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.54 Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.55 Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.56 Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.57 Other mature T/NK-cell lymphomas, spleen
C84.58 Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.59 Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10 Unspecified B-cell lymphoma, unspecified site
C85.11 Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12 Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13 Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14 Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15 Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16 Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17 Unspecified B-cell lymphoma, spleen
C85.18 Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19 Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20 Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22 Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23 Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26 Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27 Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29 Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80 Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81 Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82 Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.83 Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84 Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.85 Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.86 Other specified types of non-Hodgkin lymphoma, spleen
C85.87 Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.88 Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.89 Non-Hodgkin lymphoma, unspecified, unspecified site
C85.90 Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.91 Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.92 Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.93 Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.94 Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.95 Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.96 Non-Hodgkin lymphoma, unspecified, spleen
C85.97 Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.98 Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C90.00 Non-Hodgkin lymphoma not having achieved remission
C90.01 Multiple myeloma not having achieved remission
C90.10 Plasma cell leukemia not having achieved remission
C90.11 Plasma cell leukemia in remission
C90.12 Multiple myeloma in relapse
C90.20 Extramedullary plasmacytoma not having achieved remission
C90.21 Extramedullary plasmacytoma in remission
C90.22 Extramedullary plasmacytoma in relapse
C90.30 Solitary plasmacytoma not having achieved remission
C90.31 Solitary plasmacytoma in remission
C90.32 Solitary plasmacytoma in relapse
C91.00 Acute lymphoblastic leukemia not having achieved remission
C91.01 Acute lymphoblastic leukemia, in remission
C91.10 Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11 Chronic lymphocytic leukemia of B-cell type in remission
C91.12 Chronic lymphocytic leukemia of B-cell type in relapse
C91.20 Acute lymphoblastic leukemia, in relapse
C91.21 Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.22 Chronic lymphocytic leukemia of B-cell type, in remission
C91.23 Chronic lymphocytic leukemia of B-cell type, in relapse
C91.30 Prolymphocytic leukemia of B-cell type, not having achieved remission
C91.31 Prolymphocytic leukemia of B-cell type, in remission
C91.32 Prolymphocytic leukemia of B-cell type, in relapse
C91.40 Hairy cell leukemia not having achieved remission
C91.41 Hairy cell leukemia, in remission
C91.42 Hairy cell leukemia, in relapse
C91.50 Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51 Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52 Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60 Acute lymphocytic leukemia of T-cell type not having achieved remission
C91.61 Prolymphocytic leukemia of T-cell type, in remission
C91.62 Prolymphocytic leukemia of T-cell type, in relapse
C91.90 Lymphoid leukemia, unspecified not having achieved remission
C91.91 Lymphoid leukemia, unspecified, in remission
C91.92 Lymphoid leukemia, unspecified, in relapse
C91.93 Mature B-cell leukemia, Burkitt-type not having achieved remission
C91.94 Mature B-cell leukemia, Burkitt-type, in remission
C91.95 Mature B-cell leukemia, Burkitt-type, in relapse
C92.00 Other lymphoid leukemia, not having achieved remission
C92.01 Acute myeloblastic leukemia, in remission
C92.10 Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11 Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12 Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20 Acute myeloid leukemia, in remission
C92.21 Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.22 Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.23 Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30 Myeloid sarcoma, not having achieved remission
C92.31 Myeloid sarcoma, in remission
C92.32 Myeloid sarcoma, in relapse
C92.40 Acute promyelocytic leukemia, not having achieved remission
C92.41 Acute promyelocytic leukemia, in remission
C92.42 Acute promyelocytic leukemia, in relapse
C92.50 Acute myelomonocytic leukemia, not having achieved remission
C92.51 Acute myelomonocytic leukemia, in remission
C92.60 Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61 Acute myeloid leukemia with 11q23-abnormality in remission
C92.62 Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90 Myeloid leukemia, unspecified, not having achieved remission
C92.91 Myeloid leukemia, unspecified in remission
C92.92 Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.93 Acute myeloid leukemia with multilineage dysplasia, in remission
C92.94 Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.95 Other myeloid leukemia not having achieved remission
C92.96 Other myeloid leukemia, in remission
C92.97 Other myeloid leukemia, in relapse
C93.00 Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01 Acute monoblastic/monocytic leukemia, in remission
C93.10 Chronic myelomonocytic leukemia, not having achieved remission
C93.11 Chronic myelomonocytic leukemia, in remission
C93.12 Chronic myelomonocytic leukemia, in relapse
C93.20 Acute monoblastic/monocytic leukemia, in relapse
C93.30 Juvenile myelomonocytic leukemia, not having achieved remission
C93.31 Juvenile myelomonocytic leukemia, in remission
C93.32 Juvenile myelomonocytic leukemia, in relapse
C93.90 Monocytic leukemia, unspecified, not having achieved remission
C93.91 Monocytic leukemia, unspecified in remission
C93.92 Other myeloid leukemia, unspecified, not having achieved remission
C93.93 Other myeloid leukemia, unspecified in remission
C93.94 Other myeloid leukemia, not having achieved remission
C93.95 Other myeloid leukemia, in remission
C93.96 Other myeloid leukemia, in relapse
C94.00 Acute erythroid leukemia, not having achieved remission
C94.01 Acute erythroid leukemia, in remission
C94.02 Acute erythroid leukemia, in relapse
C94.20 Acute megakaryoblastic leukemia not having achieved remission
C94.21 Acute megakaryoblastic leukemia, in remission
C94.22 Acute megakaryoblastic leukemia, in relapse
C94.30 Mast cell leukemia not having achieved remission

C04.31 Mast cell leukemia, in remission
C04.32 Mast cell leukemia, in relapse
C04.40 Acute panmyelosis with myelofibrosis not having achieved remission
C04.41 Acute panmyelosis with myelofibrosis, in remission
C04.42 Acute panmyelosis with myelofibrosis, in relapse
C04.6 Myelodysplastic disease, not elsewhere classified
C04.80 Other specified leukemias not having achieved remission
C04.81 Other specified leukemias, in remission
C04.82 Other specified leukemias, in relapse
C05.00 Acute leukemia of unspecified cell type not having achieved remission
C05.01 Acute leukemia of unspecified cell type in remission
C05.10 Chronic leukemia of unspecified cell type, in remission
C05.12 Chronic leukemia of unspecified cell type, in relapse
C05.02 Acute leukemia unspecified not having achieved remission
C05.91 Leukemia, unspecified, in remission
C05.92 Leukemia, unspecified, in relapse
C06.0 Leukemia, non-Hodgkin, disseminated [Langerhans-cell histiocytosis]
C06.20 Malignant mast cell neoplasm, unspecified
C06.21 Aggressive systemic mastocytosis
C06.22 Mast cell sarcoma
C06.29 Other malignant mast cell neoplasia
C06.4 Sarcoma of dendritic cells (accessory cells)
C06.5 Multifocal and unifocal Langerhans-cell histiocytosis
C06.6 Unifocal Langerhans-cell histiocytosis
C06.9 Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C06.A Histiocytic sarcoma
C06.2 Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00.00 Carcinoma in situ of oral cavity, unspecified site
D00.01 Carcinoma in situ of esophagus
D00.02 Carcinoma in situ of buccal mucosa
D00.03 Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04 Carcinoma in situ of hard palate
D00.05 Carcinoma in situ of soft palate
D00.06 Carcinoma in situ of floor of mouth
D00.07 Carcinoma in situ of tongue
D00.08 Carcinoma in situ of pharynx
D00.10 Carcinoma in situ of colon
D00.11 Carcinoma in situ of rectosigmoid junction
D00.12 Carcinoma in situ of rectum
D00.13 Carcinoma in situ of anus and anal canal
D00.40 Carcinoma in situ of other parts of intestine
D00.49 Carcinoma in situ of other parts of intestine
D00.5 Carcinoma in situ of liver, gallbladder and bile ducts
D00.7 Carcinoma in situ of other specified digestive organs
D00.9 Carcinoma in situ of digestive organ, unspecified
D02.0 Carcinoma in situ of larynx
D02.1 Carcinoma in situ of trachea
D02.20 Carcinoma in situ of unspecified bronchus and lung
D02.21 Carcinoma in situ of right bronchus and lung
D02.22 Carcinoma in situ of left bronchus and lung
D00.3 Carcinoma in situ of other parts of respiratory system
D00.4 Carcinoma in situ of respiratory system, unspecified
D03.0 Melanoma in situ of lip
D03.10 Melanoma in situ of unspecified eyelid, including canthus
D03.111 Melanoma in situ of right upper eyelid, including canthus
D03.112 Melanoma in situ of right lower eyelid, including canthus
D03.121 Melanoma in situ of left upper eyelid, including canthus
D03.122 Melanoma in situ of left lower eyelid, including canthus
D03.20 Melanoma in situ of skin of external auricular canal
D03.21 Melanoma in situ of right ear and external auricular canal
D03.22 Melanoma in situ of left ear and external auricular canal
D03.30 Melanoma in situ of unspecified part of face
D03.39 Melanoma in situ of other parts of face
D03.4 Melanoma in situ of scalp and neck
D03.51 Melanoma in situ of anal skin
D03.52 Melanoma in situ of breast (skin) (soft tissue)
D03.59 Melanoma in situ of unspecified part of skin
D03.60 Melanoma in situ of unspecified upper limb, including shoulder
D03.61 Melanoma in situ of right upper limb, including shoulder
D03.62 Melanoma in situ of left upper limb, including shoulder
D03.70 Melanoma in situ of unspecified lower limb, including hip
D03.71 Melanoma in situ of left lower limb, including hip
D03.72 Melanoma in situ of other sites
D03.8 Melanoma in situ, unspecified
D04.0 Carcinoma in situ of skin
D04.10 Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.111 Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112 Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121 Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122 Carcinoma in situ of skin of left lower eyelid, including canthus
D04.20 Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21 Carcinoma in situ of skin of right ear and external auricular canal
D04.22 Carcinoma in situ of skin of left ear and external auricular canal
D04.30 Carcinoma in situ of unspecified part of face
D04.39 Carcinoma in situ of skin of other parts of face
D04.4 Carcinoma in situ of skin of scalp and neck
D04.5 Carcinoma in situ of skin of trunk
D04.60 Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61 Carcinoma in situ of skin of right upper limb, including shoulder
D04.62 Carcinoma in situ of skin of left upper limb, including shoulder
D04.70 Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71 Carcinoma in situ of skin of right lower limb, including hip
D04.72 Carcinoma in situ of skin of left lower limb, including hip
D04.8 Carcinoma in situ of skin of other sites
D04.9 Carcinoma in situ of skin, unspecified
D05.9 Lobular carcinoma in situ of unspecified breast
D05.01 Intraductal carcinoma in situ of right breast
D05.11 Intraductal carcinoma in situ of right breast
D05.12 Intraductal carcinoma in situ of left breast
D05.2 Lobular carcinoma in situ of left breast
D05.80 Other specified type of carcinoma in situ of unspecified breast
D05.81 Other specified type of carcinoma in situ of right breast
D05.82 Other specified type of carcinoma in situ of left breast
D05.90 Unspecified type of carcinoma in situ of unspecified breast
D05.91 Unspecified type of carcinoma in situ of right breast
D05.92 Unspecified type of carcinoma in situ of left breast
D06.0 Carcinoma in situ of endocervix
D06.1 Carcinoma in situ of exocervix
D06.7 Carcinoma in situ of other parts of cervix
D06.9 Carcinoma in situ of unspecified part of cervix
D07.0 Carcinoma in situ of endometrium
D07.1 Carcinoma in situ of vulva
D07.2 Carcinoma in situ of vagina
D07.30 Carcinoma in situ of unspecified female genital organs
D07.39 Carcinoma in situ of other female genital organs
D07.4 Carcinoma in situ of penis
D07.5 Carcinoma in situ of prostate
D07.60 Carcinoma in situ of unspecified male genital organs
D07.61 Carcinoma in situ of other male genital organs
D07.69 Carcinoma in situ of bladder
D09.0 Carcinoma in situ of unspecified urinary organ
D09.19 Carcinoma in situ of other urinary organs
D09.20 Carcinoma in situ of unspecified eye
D09.21 Carcinoma in situ of right eye
D09.22 Carcinoma in situ of left eye
D09.3 Carcinoma in situ of other and other endocrine glands
D09.8 Carcinoma in situ of other specified sites
D09.9 Carcinoma in situ, unspecified
C31.04 Nodular lymphocyte predominant Hodgkin lymphoma, in remission
C31.1A Nodular sclerosis Hodgkin lymphoma, in remission
C31.2A Mixed cellularity Hodgkin lymphoma, in remission
C31.3A Lymphocyte depleted Hodgkin lymphoma, in remission
C31.4A Lymphocyte-rich Hodgkin lymphoma, in remission
C31.7A Other Hodgkin lymphoma, in remission
C31.9A Hodgkin lymphoma, unspecified, in remission
C32.0A Follicular lymphoma grade I, in remission
C32.1A Follicular lymphoma grade II, in remission

C82.2A Follicular lymphoma grade III, unspecified, in remission
C82.3A Follicular lymphoma grade IIb, in remission
C82.4A Diffuse follicle center lymphoma, in remission
C82.6A Cutaneous follicle center lymphoma, in remission
C82.8A Other types of follicular lymphoma, in remission
C82.9A Follicular lymphoma, unspecified, in remission
C83.0A Small cell B-cell lymphoma, in remission
C83.1A Mantle cell lymphoma, in remission
C83.3A Non-Hodgkin's lymphoma, systemic lymphoma
C83.398 Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.3A Diffuse large B-cell lymphoma, in remission
C83.5A Lymphoblastic (diffuse) lymphoma, in remission
C83.7A Burkitt lymphoma, in remission
C83.8A Other non-follicular lymphoma, in remission
C83.9A Non-follicular (diffuse) lymphoma, unspecified, in remission
C84.0A Mycosis fungoides, in remission
C84.1A Sezary disease, in remission
C84.4A Anaplastic T-cell lymphoma, not elsewhere classified, in remission
C84.6A Anaplastic large cell lymphoma, ALK-positive, in remission
C84.7B Anaplastic large cell lymphoma, ALK-negative, in remission
C84.9A Cutaneous T/NK-cell lymphomas, unspecified, in remission
C84.2A Other mature T/NK-cell lymphomas, in remission
C85.1A Unspecified B-cell lymphoma, in remission
C85.2A Mediastinal (thymic) large B-cell lymphoma, in remission
C85.8A Other specified types of non-Hodgkin lymphoma, in remission
C86.0A Extramedullary NK/T-cell lymphoma, nasal type, in remission
C86.10 Extramedullary NK/T-cell lymphoma, nasal type not having achieved remission
C86.01 Hepatosplenic T-cell lymphoma, in remission
C86.11 Hepatosplenic T-cell lymphoma, in remission
C86.20 Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.21 Enteropathy-type (intestinal) T-cell lymphoma, in remission
C86.30 Subcutaneous panniculitic-like T-cell lymphoma, in remission
C86.31 Subcutaneous panniculitic-like T-cell lymphoma, not having achieved remission
C86.40 Blastic NK-cell lymphoma not having achieved remission
C86.41 Blastic NK-cell lymphoma, in remission
C86.50 Angioimmunoblastic T-cell lymphoma not having achieved remission
C86.51 Primary cutaneous CD30-positive T-cell proliferations not having achieved remission
C86.60 Primary cutaneous CD30-positive T-cell proliferations, in remission
C86.61 Waldenstrom macroglobulinemia not having achieved remission
C88.01 Waldenstrom macroglobulinemia, in remission
C88.20 Heavy chain disease not having achieved remission
C88.21 Heavy chain disease, in remission
C88.30 Immunoproliferative small intestinal disease not having achieved remission
C88.31 Immunoproliferative small intestinal disease, in remission
C88.40 Extramedullary marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission
C88.41 Extramedullary marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission
C88.80 Other malignant immunoproliferative diseases not having achieved remission
C88.81 Other malignant immunoproliferative diseases, in remission
C88.90 Malignant immunoproliferative disease, unspecified not having achieved remission
C88.91 Malignant immunoproliferative disease, unspecified, in remission
E34.00 Carcoid syndrome, unspecified
E34.01 Carcoid heart syndrome
E34.02 Other carcoid syndrome
C50.0A Malignant inflammatory neoplasm of unspecified breast
C50.1A Malignant inflammatory neoplasm of right breast
C50.2A Malignant inflammatory neoplasm of left breast