



Mercy Care has eliminated prior authorization for approximately 1,300 service codes that currently require prior authorization. We hope this will make caring for our members easier for you. To find additional codes grids for services that will continue to require authorization please visit [www.MercyCareAZ.org](http://www.MercyCareAZ.org) > For Providers.

Dental benefits are administered by DentaQuest. Please contact DentaQuest for benefit requirements.

For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.

This grid contains all codes that require authorization.

| Code  | Description                                      | Variance Detail |
|-------|--|-----------------|
| 0001M | NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR    |                 |
| 0002M | LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH        |                 |
| 0004M | SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE   |                 |
| 0004U | NFCT DS DNA 27 RESIST GENES BCT CUL PR ISOL      |                 |
| 0005U | ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR |                 |
| 0006M | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER      |                 |
| 0006U | DETCJ IA MEDS SBST SUPPL & FOODS 120+ ANALYTES   |                 |
| 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX  |                 |
| 0007U | RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION     |                 |
| 0008M | ONCOLOGY BREAST MRNA 58 ALGORITHM RISK SCORE     |                 |
| 0008U | HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA    |                 |
| 0009M | FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK     |                 |
| 0009U | ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP    |                 |
| 0010U | NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL   |                 |
| 0011M | ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG     |                 |
| 0011U | RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS |                 |
| 0012U | GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD     |                 |
| 0013U | ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS |                 |
| 0014U | HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW   |                 |
| 0015U | RX METAB ADVRS RX RXN DNA 22 GENES BLD/BUCCAL    |                 |
| 0016U | ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW       |                 |
| 0017U | ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW  |                 |
| 0018U | ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL |                 |

|       |   |  |
|-------|---|--|
| 0019U | ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG     |  |
| 0020U | RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION      |  |
| 0021U | ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR     |  |
| 0022U | TRGT GEN SEQ ALYS NONSM LNG NEO DNA&RNA 23 GENES  |  |
| 0023U | ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ   |  |
| 0024U | GLYCA NUC MR SPECTROSCOPY QUANTITATIVE            |  |
| 0025U | TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN     |  |
| 0026U | ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS     |  |
| 0027U | JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15      |  |
| 0029U | RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS       |  |
| 0030U | RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS       |  |
| 0031U | CYP1A2 GENE ANALYSIS COMMON VARIANTS              |  |
| 0032U | COMT GENE ANALYSIS C.472GGT A VARIANT             |  |
| 0033U | HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS         |  |
| 0034U | TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS         |  |
| 0042T | CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0159T | COMPUTER AIDED DETECTION BREAST MRI               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0213T | NJX DX/THER PARAVERT FCT JT W/US CER/THOR 1 LVL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0214T | NJX DX/THER PARAVERT FCT JT W/US CER/THOR 2ND LVL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0215T | NJX PARAVERTBRL FACET JT W/US CER/THOR 3RD&GT LVL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0216T | NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC 1 LVL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0217T | NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC LVL 2   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 0218T | NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3RD&GT LVL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0228T | NJX ANES/STEROID TFRML EDRL W/US CER/THOR 1 LVL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0229T | NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0230T | NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0231T | NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0482T | ABSOLUTE QUAN MYOCARD BLD FLO PET STRESS & REST  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0501T | COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0502T | COR FFR DERIVED CTA DATA PREP & TRANSMIS   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0503T | COR FFR CTA DATA ALYS & GNRJ ESTIMATED FFR MODEL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0504T | COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 0510T | Removal of sinus tarsi implant   |  |
| 0511T | Removal and reinsertion of sinus tarsi implant   |  |
| 0512T | Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound |  |

|       |  |  |
|-------|--|--|
| 0513T | Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)   |  |
| 0514T | Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)   |  |
| 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])   |  |
| 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only   |  |
| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only                 |  |
| 0518T | Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing   |  |
| 0519T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)  |  |
| 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing   |  |
| 0522T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left |  |
| 0523T | Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) inter  |  |
| 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring                             |  |

|       |   |  |
|-------|---|--|
| 0525T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)                       |  |
| 0526T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only  |  |
| 0527T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only  |  |
| 0528T | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report  |  |
| 0529T | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report  |  |
| 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)   |  |
| 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only  |  |
| 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only  |  |
| 0533T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review |  |
| 0534T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor   |  |
| 0535T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration   |  |
| 0536T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report   |  |

|       |   |  |
|-------|---|--|
| 0537T | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day   |  |
| 0538T | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)   |  |
| 0539T | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration   |  |
| 0540T | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous   |  |
| 0541T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived cl |  |
| 0542T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived cl |  |
| 11950 | SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/LT   |  |
| 11951 | SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC   |  |
| 11952 | SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC   |  |
| 11954 | SUBCUTANEOUS INJECTION FILLING MATRL GT 10.0 CC   |  |
| 22510 | PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 22511 | PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 22512 | VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 22513 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |   |  |
|-------|---|--|
| 22514 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 22515 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 27096 | INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 32851 | LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS  |  |
| 32852 | LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS  |  |
| 32853 | LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS  |  |
| 32854 | LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS  |  |
| 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when |  |
| 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular  |  |
| 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision an |  |
| 33945 | HEART TRANSPLANT W/VO RECIPIENT CARDIECTOMY   |  |
| 44715 | BKBENCH PREP CADAVER/LIVING DONOR INTESTINE   |  |
| 44720 | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA  |  |
| 44721 | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA   |  |
| 47135 | LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE   |  |
| 48550 | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT  |  |
| 48556 | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT  |  |
| 50365 | RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY  |  |
| 50380 | RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY   |  |
| 55250 | VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS   |  |
| 56805 | CLITOROPLASTY INTERSEX STATE  |  |
| 57335 | VAGINOPLASTY INTERSEX STATE   |  |
| 58150 | TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY  |  |
| 58152 | TOT ABD HYST W/VO RMVL TUBE OVARY W/COLPURETHRXY  |  |
| 58180 | SUPRACERVICAL ABDL HYSTER W/VO RMVL TUBE OVARY  |  |

|       |   |  |
|-------|---|--|
| 58200 | TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM  |  |
| 58210 | RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY  |  |
| 58260 | VAGINAL HYSTERECTOMY UTERUS 250 GM/LT             |  |
| 58262 | VAG HYST 250 GM/LT W/RMVL TUBE&/OVARY             |  |
| 58263 | VAG HYST 250 GM/LT W/RMVL TUBE OVARY W/RPR NTRCL  |  |
| 58267 | VAG HYST 250 GM/LT W/COLPO-URTCSTOPEXY            |  |
| 58270 | VAGINAL HYSTERECTOMY 250 GM/LT W/RPR ENTEROCELE   |  |
| 58275 | VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY       |  |
| 58280 | VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE   |  |
| 58285 | VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION    |  |
| 58290 | VAGINAL HYSTERECTOMY UTERUS GT 250 GM             |  |
| 58291 | VAG HYST GT 250 GM RMVL TUBE&/OVARY               |  |
| 58292 | VAG HYST GT 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE |  |
| 58293 | VAG HYST GT 250 GM COLPOURTCSTOPEXY W/WO NDSC CTR |  |
| 58294 | VAGINAL HYSTERECTOMY GT 250 GM RPR ENTEROCELE     |  |
| 58340 | CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI    |  |
| 58541 | LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/LT  |  |
| 58542 | LAPS SUPRACRV HYSTERECT 250 GM/LT RMVL TUBE/OVAR  |  |
| 58543 | LAPS SUPRACERVICAL HYSTERECTOMY GT 250            |  |
| 58544 | LAPS SUPRACRV HYSTEREC GT 250 G RMVL TUBE/OVARY   |  |
| 58548 | LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  |  |
| 58550 | LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/LT        |  |
| 58552 | LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES   |  |
| 58553 | LAPS W/VAGINAL HYSTERECTOMY GT 250 GRAMS          |  |
| 58554 | LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE&/OVAR  |  |
| 58565 | HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS     |  |
| 58570 | LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/LT |  |
| 58571 | LAPS TOTAL HYSTERECT 250 GM/LT W/RMVL TUBE/OVARY  |  |
| 58600 | LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI          |  |
| 58605 | LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX       |  |
| 58611 | LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG  |  |



|       |   |  |
|-------|---|--|
| 58615 | OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR        |  |
| 58661 | LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES             |  |
| 58670 | LAPAROSCOPY FULGURATION OVIDUCTS                  |  |
| 58671 | LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS      |  |
| 58700 | SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX         |  |
| 59840 | INDUCED ABORTION DILATION AND CURETTAGE           |  |
| 59841 | INDUCED ABORTION DILATION & EVACUATION            |  |
| 59850 | INDUCED ABORTION 1/GT AMNIOTIC INJX W/D&C/EVACJ   |  |
| 59851 | INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS D&C      |  |
| 59852 | INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS HYSTOTM  |  |
| 59855 | INDUCED ABORT 1/GT VAG SUPPOSITORIES DLVR FETUS   |  |
| 59856 | INDUCED ABORT 1/GT VAG SUPP DLVR FETUS D&C &/EVAC |  |
| 59857 | INDUCED ABORT 1/GT VAG SUPPOS DLVR FETUS HYSTOT   |  |
| 62280 | INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62281 | INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62282 | INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62287 | DCMPRN PERQ NUCLEUS PULPOSUS 1/GT LEVELS LUMBAR   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62290 | INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62291 | INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62292 | INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 62320 | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62321 | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62322 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62323 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62324 | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62325 | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62326 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62327 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62350 | IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62351 | IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM         | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62355 | RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 62360 | IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62361 | IMPLTJ/RPLCMT FS NON-PRGRBL PUMP                 | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 62362 | IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 63650 | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 63655 | LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 63663 | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 63664 | REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 63685 | INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 63688 | REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64479 | NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64480 | NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |   |  |
|-------|---|--|
| 64483 | NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64484 | NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64490 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64491 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64492 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64493 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64494 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64495 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64510 | NJX ANES STELLATE GANGLION CRV SYMPATHETIC        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64520 | INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 64640 | DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 65710 | KERATOPLASTY ANTERIOR LAMELLAR                   |  |
| 65730 | KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA  |  |
| 65750 | KERATOPLASTY PENETRAING APHAKIA                  |  |
| 65755 | KERATOPLASTY PENETRATING PSEUDOPHAKIA            |  |
| 70336 | MRI TEMPOROMANDIBULAR JOINT                      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70450 | CT HEAD/BRAIN W/O CONTRAST MATERIAL              | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70460 | CT HEAD/BRAIN W/CONTRAST MATERIAL                | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70470 | CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70480 | CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70481 | CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 70482 | CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70486 | CT MAXILLOFACIAL W/O CONTRAST MATERIAL           | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70487 | CT MAXILLOFACIAL W/CONTRAST MATERIAL             | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70488 | CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70490 | CT SOFT TISSUE NECK W/O CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70491 | CT SOFT TISSUE NECK W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70492 | CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70496 | CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70498 | CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70540 | MRI ORBIT FACE &/NECK W/O CONTRAST               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70542 | MRI ORBIT FACE & NECK W/CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |   |  |
|-------|---|--|
| 70543 | MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70544 | MRA HEAD W/O CONTRST MATERIAL                     | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70545 | MRA HEAD W/CONTRAST MATERIAL                      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70546 | MRA HEAD W/O & W/CONTRAST MATERIAL                | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70547 | MRA NECK W/O CONTRST MATERIAL                     | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70548 | MRA NECK W/CONTRAST MATERIAL                      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70549 | MRA NECK W/O &W/CONTRAST MATERIAL                 | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70551 | MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70552 | MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70553 | MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 70554 | MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 70555 | MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71250 | CT THORAX W/O CONTRAST MATERIAL                | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71260 | CT THORAX W/CONTRAST MATERIAL                  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71270 | CT THORAX W/O & W/CONTRAST MATERIAL            | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71275 | CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71550 | MRI CHEST W/O CONTRAST MATERIAL                | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71551 | MRI CHEST W/CONTRAST MATERIAL                  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71552 | MRI CHEST W/O & W/CONTRAST MATERIAL            | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 71555 | MRA CHEST W/O & W/CONTRAST MATERIAL            | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72125 | CT CERVICAL SPINE W/O CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72126 | CT CERVICAL SPINE W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |



|       |  |  |
|-------|--|--|
| 72127 | CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72128 | CT THORACIC SPINE W/O CONTRAST MATERIAL      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72129 | CT THORACIC SPINE W/CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72130 | CT THORACIC SPINE W/O & W/CONTRAST MATERIAL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72131 | CT LUMBAR SPINE W/O CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72132 | CT LUMBAR SPINE W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72133 | CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72141 | MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72142 | MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72146 | MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72147 | MRI SPINAL CANAL THORACIC W/CONTRAST MATRL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |   |  |
|-------|---|--|
| 72148 | MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72149 | MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72156 | MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72157 | MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72158 | MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72159 | MRA SPINAL CANAL W/WO CONTRAST MATERIAL       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72191 | CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72192 | CT PELVIS W/O CONTRAST MATERIAL               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72193 | CT PELVIS W/CONTRAST MATERIAL                 | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72194 | CT PELVIS W/O & W/CONTRAST MATERIAL           | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72195 | MRI PELVIS W/O CONTRAST MATERIAL              | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |   |  |
|-------|---|--|
| 72196 | MRI PELVIS W/CONTRAST MATERIAL                  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72197 | MRI PELVIS W/O & W/CONTRAST MATERIAL            | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72198 | MRA PELVIS W/WO CONTRAST MATERIAL               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72285 | DISKOGRAPY CERVICAL/THORACIC RS&I               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 72295 | DISKOGRAPY LUMBAR RS&I                          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73200 | CT UPPER EXTREMITY W/O CONTRAST MATERIAL        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73201 | CT UPPER EXTREMITY W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73202 | CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73206 | CT ANGIOGRAPHY UPPER EXTREMITY                  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73218 | MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73219 | MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 73220 | MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73221 | MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73222 | MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73223 | MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73225 | MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL     | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73700 | CT LOWER EXTREMITY W/O CONTRAST MATERIAL       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73701 | CT LOWER EXTREMITY W/CONTRAST MATERIAL         | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73702 | CT LOWER EXTREMITY W/O & W/CONTRAST MATRL      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73706 | CT ANGIOGRAPHY LOWER EXTREMITY                 | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73718 | MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73719 | MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 73720 | MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73721 | MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL     | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73722 | MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL    | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73723 | MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 73725 | MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL     | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74150 | CT ABDOMEN W/O CONTRAST MATERIAL               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74160 | CT ABDOMEN W/CONTRAST MATERIAL                 | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74170 | CT ABDOMEN W/O & W/CONTRAST MATERIAL           | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74174 | CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74175 | CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74176 | CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL      | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 74177 | CT ABDOMEN & PELVIS W/CONTRAST MATERIAL          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74178 | CT ABDOMEN & PELVIS W/O CONTRST 1/GT BODY RE     | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74181 | MRI ABDOMEN W/O CONTRAST MATERIAL                | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74182 | MRI ABDOMEN W/CONTRAST MATERIAL                  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74183 | MRI ABDOMEN W/O & W/CONTRAST MATERIAL            | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74185 | MRA ABDOMEN W/VO CONTRAST MATERIAL               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74261 | CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74262 | CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74712 | FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 74713 | FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75557 | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 75559 | CARDIAC MRI W/O CONTRAST W/STRESS IMAGING        | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75561 | CARDIAC MRI W/WO CONTRAST & FURTHER SEQ          | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75563 | CARDIAC MRI W/W/O CONTRAST W/STRESS              | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING            | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75573 | CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75574 | CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 75635 | CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP       | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 76376 | 3D RENDERING W/INTERP & POSTPROCESS SUPERVISION  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 76377 | 3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |   |  |
|-------|---|--|
| 76380 | CT LIMITED/LOCALIZED FOLLOW UP STUDY  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 76391 | Magnetic resonance (eg, vibration) elastography   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion  |  |
| 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)                  |  |
| 76981 | Ultrasound, elastography; parenchyma (eg, organ)  |  |
| 76982 | Ultrasound, elastography; first target lesion   |  |
| 76983 | Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)   |  |
| 77011 | CT GUIDANCE STEREOTACTIC LOCALIZATION   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77012 | CT GUIDANCE NEEDLE PLACEMENT  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77013 | CT GUIDANCE & MONITORING VISC TISS ABLATION   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |



|       |  |  |
|-------|--|--|
| 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77058 | MRI BREAST UNILATERAL  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77059 | MRI BREAST BILATERAL   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77078 | CT BONE MINERL DENSITY STUDY 1/GT SITS AXIAL SKE   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 77084 | BONE MARROW BLOOD SUPPLY   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78459 | MYOCARDIAL IMAGING PET METABOLIC EVALUATION  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78491 | MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78492 | MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78608 | BRAIN IMAGING PET METABOLIC EVALUATION   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78811 | PET IMAGING LIMITED AREA CHEST HEAD/NECK   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78812 | PET IMAGING SKULL BASE TO MID-THIGH  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |

|       |  |  |
|-------|--|--|
| 78813 | PET IMAGING WHOLE BODY   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78814 | PET IMAGING CT FOR ATTENUATION LIMITED AREA  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78815 | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 78816 | PET IMAGING FOR CT ATTENUATION WHOLE BODY  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| 81105 | HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81106 | HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81107 | HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81108 | HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81109 | HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81110 | HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81111 | HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT  |  |
| 81112 | HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT   |  |
| 81120 | IDH1 COMMON VARIANTS   |  |
| 81121 | IDH2 COMMON VARIANTS   |  |
| 81161 | DMD DUPLICATION/DELETION ANALYSIS  |  |
| 81162 | BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS  |  |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis  |  |
| 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) |  |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis  |  |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)                                       |  |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)                                       |  |

|       |  |  |
|-------|--|--|
| 81170 | ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS  |  |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles                   |  |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status) |  |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence                              |  |
| 81174 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant                          |  |
| 81175 | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE   |  |
| 81176 | ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS  |  |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   |  |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                                  |  |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                      |  |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81184 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles                  |  |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence  |  |
| 81186 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant  |  |

|       |  |  |
|-------|--|--|
| 81187 | CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                                    |  |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence  |  |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)   |  |
| 81201 | APC GENE ANALYSIS FULL GENE SEQUENCE   |  |
| 81202 | APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS  |  |
| 81203 | APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS  |  |
| 81204 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status) |  |
| 81211 | BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA  |  |
| 81212 | BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT   |  |
| 81213 | BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS   |  |
| 81214 | BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS  |  |
| 81215 | BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT   |  |
| 81216 | BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS   |  |
| 81217 | BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT   |  |
| 81218 | CEBPA GENE ANALYSIS FULL GENE SEQUENCE   |  |
| 81219 | CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9   |  |
| 81222 | CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS   |  |
| 81223 | CFTR GENE ANALYSIS FULL GENE SEQUENCE  |  |
| 81224 | CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS  |  |
| 81225 | CYP2C19 GENE ANALYSIS COMMON VARIANTS  |  |
| 81226 | CYP2D6 GENE ANALYSIS COMMON VARIANTS   |  |
| 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS   |  |
| 81228 | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS  |  |
| 81229 | CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR   |  |
| 81230 | CYP3A4 GENE ANALYSIS COMMON VARIANTS   |  |
| 81231 | CYP3A5 GENE ANALYSIS COMMON VARIANTS   |  |
| 81232 | DYPD GENE ANALYSIS COMMON VARIANTS   |  |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)   |  |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles  |  |
| 81235 | EGFR GENE ANALYSIS COMMON VARIANTS   |  |

|       |   |  |
|-------|---|--|
| 81236 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence |  |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)           |  |
| 81238 | F9 FULL GENE SEQUENCE   |  |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)  |  |
| 81240 | F2 GENE ANALYSIS 20210G GT A VARIANT  |  |
| 81241 | F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT   |  |
| 81242 | FANCC GENE ANALYSIS COMMON VARIANT  |  |
| 81243 | FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES   |  |
| 81244 | FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES  |  |
| 81245 | FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS   |  |
| 81246 | FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS  |  |
| 81247 | G6PD GENE ANALYSIS COMMON VARIANTS  |  |
| 81248 | G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS  |  |
| 81249 | G6PD GENE ANALYSIS FULL GENE SEQUENCE   |  |
| 81250 | G6PC GENE ANALYSIS COMMON VARIANTS  |  |
| 81251 | GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS  |  |
| 81252 | GJB2 GENE ANALYSIS FULL GENE SEQUENCE   |  |
| 81253 | GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS  |  |
| 81254 | GJB6 GENE ANALYSIS COMMON VARIANTS  |  |
| 81255 | HEXA GENE ANALYSIS COMMON VARIANTS  |  |
| 81256 | HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS   |  |
| 81257 | HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT  |  |
| 81258 | HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT  |  |
| 81259 | HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE  |  |
| 81260 | IKBKAP GENE ANALYSIS COMMON VARIANTS  |  |
| 81261 | IGH REARRANGE ABNORMAL CLONAL POP AMPLIFIED   |  |
| 81262 | IGH REARRANGE ABNORMAL CLONAL POP DIRECT PROBE  |  |
| 81263 | IGH VARIABLE REGION SOMATIC MUTATION ANALYSIS   |  |
| 81264 | IGK GENE REARRANGE DETECT ABNORMAL CLONAL POP   |  |
| 81265 | COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC  |  |
| 81266 | COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN   |  |
| 81267 | CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION   |  |
| 81268 | CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA  |  |
| 81269 | HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS  |  |
| 81270 | JAK2 GENE ANALYSIS P.VAL617PHE VARIANT  |  |

|       |  |  |
|-------|--|--|
| 81271 | HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81272 | KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS   |  |
| 81273 | KIT GENE ANALYSIS D816 VARIANT(S)  |  |
| 81274 | HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)   |  |
| 81275 | KRAS GENE ANALYSIS VARIANTS IN EXON 2  |  |
| 81276 | KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)   |  |
| 81283 | IFNL3 GENE ANALYSIS RS12979860 VARIANT   |  |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles   |  |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)  |  |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence   |  |
| 81288 | MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS   |  |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)  |  |
| 81290 | MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS  |  |
| 81291 | MTHFR GENE ANALYSIS COMMON VARIANTS  |  |
| 81292 | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS  |  |
| 81293 | MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   |  |
| 81294 | MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   |  |
| 81295 | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS  |  |
| 81296 | MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   |  |
| 81297 | MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   |  |
| 81298 | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS  |  |
| 81299 | MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   |  |
| 81300 | MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA  |  |
| 81301 | MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF   |  |
| 81302 | MECP2 GENE ANALYSIS FULL SEQUENCE  |  |
| 81303 | MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT   |  |
| 81304 | MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT   |  |
| 81305 | MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant |  |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)  |  |
| 81310 | NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS  |  |
| 81311 | NRAS GENE ANALYSIS VARIANTS IN EXON 2&3  |  |

|       |  |  |
|-------|--|--|
| 81312 | PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  |  |
| 81313 | PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO  |  |
| 81314 | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS  |  |
| 81315 | PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT   |  |
| 81316 | PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN   |  |
| 81317 | PMS2 GENE ANALYSIS FULL SEQUENCE   |  |
| 81318 | PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   |  |
| 81319 | PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   |  |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)  |  |
| 81321 | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS  |  |
| 81322 | PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT  |  |
| 81323 | PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT  |  |
| 81324 | PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS  |  |
| 81325 | PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS   |  |
| 81326 | PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT   |  |
| 81328 | SLCO1B1 GENE ANALYSIS COMMON VARIANTS  |  |
| 81329 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed |  |
| 81330 | SMPD1 GENE ANALYSIS COMMON VARIANTS  |  |
| 81331 | SNRPN/UBE3A METHYLATION ANALYSIS   |  |
| 81332 | SERPINA1 GENE ANALYSIS COMMON VARIANTS   |  |
| 81333 | TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)   |  |
| 81334 | RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS   |  |
| 81335 | TPMT GENE ANALYSIS COMMON VARIANTS   |  |
| 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence   |  |
| 81337 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)   |  |
| 81340 | TRB REARRANGEMENT ANAL AMPLIFICATION METHOD  |  |
| 81341 | TRB REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY  |  |
| 81342 | TRG GENE REARRANGEMENT ANALYSIS  |  |
| 81343 | PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  |  |

|       |  |  |
|-------|--|--|
| 81344 | TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                          |  |
| 81345 | TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) |  |
| 81346 | TYMS GENE ANALYSIS COMMON VARIANTS   |  |
| 81350 | UGT1A1 GENE ANALYSIS COMMON VARIANTS   |  |
| 81355 | VKORC1 GENE ANALYSIS COMMON VARIANT(S)   |  |
| 81361 | HBB COMMON VARIANTS  |  |
| 81362 | HBB KNOWN FAMILIAL VARIANTS  |  |
| 81363 | HBB DUPLICATION/DELETION VARIANTS  |  |
| 81364 | HBB FULL GENE SEQUENCE   |  |
| 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1  |  |
| 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2  |  |
| 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3  |  |
| 81403 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4  |  |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5  |  |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6  |  |
| 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7  |  |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8  |  |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9  |  |
| 81410 | AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS   |  |
| 81411 | AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS   |  |
| 81412 | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN   |  |
| 81413 | CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS  |  |
| 81414 | CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES  |  |
| 81415 | EXOME SEQUENCE ANALYSIS  |  |
| 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME  |  |
| 81417 | EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ   |  |
| 81420 | FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS  |  |
| 81422 | FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS  |  |
| 81425 | GENOME SEQUENCE ANALYSIS   |  |
| 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME  |  |
| 81427 | GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ   |  |
| 81430 | HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES  |  |
| 81431 | HEARING LOSS DUP/DEL ANALYSIS  |  |
| 81432 | HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN   |  |
| 81433 | HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS  |  |
| 81434 | HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN  |  |



|       |   |  |
|-------|---|--|
| 81435 | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN  |  |
| 81436 | HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN   |  |
| 81437 | HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN  |  |
| 81438 | HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS  |  |
| 81439 | HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN  |  |
| 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ  |  |
| 81442 | NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN   |  |
| 81443 | Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, p |  |
| 81445 | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE   |  |
| 81448 | HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL  |  |
| 81450 | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE   |  |
| 81455 | GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/GT GEN   |  |
| 81460 | WHOLE MITOCHONDRIAL GENOME  |  |
| 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL   |  |
| 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS   |  |
| 81471 | X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS  |  |
| 81490 | AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS   |  |
| 81493 | COR ART DISEASE MRNA GENE EXPRESSION 23 GENES   |  |
| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefi         |  |
| 81519 | ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES   |  |
| 81520 | ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES  |  |
| 81521 | ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES  |  |
| 81525 | ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES  |  |
| 81535 | ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST   |  |
| 81536 | ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD   |  |
| 81538 | ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE  |  |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES   |  |
| 81541 | ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES  |  |
| 81545 | ONCOLOGY THYROID GENE EXPRESSION 142 GENES  |  |
| 81551 | ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES  |  |

|       |   |  |
|-------|---|--|
| 81595 | CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES  |  |
| 81596 | Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflamm |  |
| 83006 | GROWTH STIMULATION EXPRESSED GENE 2   |  |
| 86794 | ZIKA VIRUS IGM ANTIBODY   |  |
| 87035 | ASPERGILLUS   |  |
| 87505 | NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN  |  |
| 87506 | IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11  |  |
| 87507 | IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25   |  |
| 87634 | IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE   |  |
| 87662 | IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ   |  |
| 89250 | CUL OOCYTE/EMBRYO LT 4 DAYS   |  |
| 89251 | CUL OOCYTE/EMBRYO LT 4 D CO-CULT OOCYTE/EMBRYO  |  |
| 89253 | ASSTD EMBRYO HATCHING MICROTQS ANY METH   |  |
| 89254 | OOCYTE ID FROM FOLLICULAR FLU   |  |
| 89255 | PREPJ EMBRYO TR   |  |
| 89257 | SPRM ID FROM ASPIR OTH/THN SEMINAL  |  |
| 89258 | CRYOPRSRV EMBRYO  |  |
| 89259 | CRYOPRSRV SPRM  |  |
| 89260 | SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS  |  |
| 89261 | SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS  |  |
| 89264 | SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD   |  |
| 89268 | INSEMINATION OOCYTES  |  |
| 89272 | EXTND CUL OOCYTE/EMBRYO 4-7 DAYS  |  |
| 89280 | ASSTD FERTILIZATION MICROTQ LT /EQUAL 10 OOCYTES  |  |
| 89281 | ASSTD FERTILIZATION MICROTQ GT 10 OOCYTES   |  |
| 89290 | BX OOCYTE MICROTQ LT /EQU 5 EMBRYO  |  |
| 89291 | BX OOCYTE MICROTQ GT 5 EMBRYO   |  |
| 89300 | SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER   |  |
| 89310 | SEMEN ALYS MOTILITY&CNT X W/HUHNER TST  |  |
| 89320 | SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT  |  |
| 89321 | SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM  |  |
| 89322 | SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA  |  |
| 89325 | SPERM ANTIBODIES  |  |
| 89329 | SPERM EVALUATION HAMSTER PENETRATION TEST   |  |
| 89330 | SPERM EVALUATION CERVICAL MUCOUS PENETRATION  |  |
| 89331 | SPERM EVALUATION RETROGRADE EJACULATION URINE   |  |
| 89335 | CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR  |  |
| 89337 | CRYOPRESERVATION MATURE OOCYTE(S)   |  |
| 89342 | STORAGE PER YEAR EMBRYO   |  |
| 89343 | STORAGE PER YEAR SPERM/SEMEN  |  |
| 89344 | STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN  |  |
| 89346 | STORAGE PER YEAR OOCYTE   |  |

|       |   |  |
|-------|---|--|
| 89352 | THAWING CRYOPRESERVED EMBRYO  |  |
| 89353 | THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT  |  |
| 89354 | THAWING CRYOPRESERVED TESTICULAR/OVARIAN  |  |
| 89356 | THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT  |  |
| 93264 | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care |  |
| 99601 | HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR   |  |
| 99602 | HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR EA HR   |  |
| A0302 | Ambulance service, BLS, emergency transport, all inclusive (  |  |
| A0304 | Ambulance service, advanced life support (ALS), nonemergency  |  |
| A0430 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY  |  |
| A0431 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY  |  |
| A0435 | FIXED WING AIR MILEAGE PER STATUTE MILE   |  |
| A0436 | ROTARY WING AIR MILEAGE PER STATUTE MILE  |  |
| A4534 | YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF, EACH (Not covered b  |  |
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each   |  |
| A5500 | DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT  |  |
| A6460 | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing   |  |
| A6461 | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing  |  |
| A7025 | HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND  |  |
| A7026 | HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND  |  |
| A8002 | HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES  |  |
| A8003 | HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES  |  |
| A9150 | NONPRESCRIPTION DRUG  |  |
| A9270 | NONCOVERED ITEM OR SERVICE  |  |
| A9285 | Inversion/eversion correction device  |  |
| A9286 | HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA  |  |
| A9586 | FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI  |  |
| A9599 | RADIOPHRM DX BETA-AMYLOID PET IMAG PR S DOSE NOS  |  |
| A9606 | RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI  |  |
| B4100 | FOOD THICKENER ADMINISTERED ORALLY PER OUNCE  |  |

|       |  |  |
|-------|--|--|
| B4102 | ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML EQU 1 U  |  |
| B4103 | ENTRAL FORMULA PED REPL FLS&LYTES 500 ML EQU 1 U   |  |
| B4104 | ADDITIVE FOR ENTERAL FORMULA   |  |
| B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each                                 |  |
| B4149 | ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS   |  |
| B4150 | ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS   |  |
| B4152 | ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS   |  |
| B4153 | ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS  |  |
| B4154 | ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB  |  |
| B4155 | ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS  |  |
| B4157 | ENTRAL F NUTRITION CMPL INHERITED DZ METAB   |  |
| B4158 | ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS   |  |
| B4159 | ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS   |  |
| B4160 | ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS  |  |
| B4161 | ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS   |  |
| B4162 | ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB   |  |
| B9002 | ENTERAL NUTRITION INFUSION PUMP ANY TYPE   |  |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP PORTABLE  |  |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP STATIONARY  |  |
| C1767 | GENERATOR NEUROSTIMULATOR NONRECHARGEABLE  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C1778 | LEAD NEUROSTIMULATOR   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C1787 | PATIENT PROG PATIENT PROGRAMMER NEUROSTIMULATOR  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C1816 | RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C1820 | GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C1823 | Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads |  |

|       |   |  |
|-------|---|--|
| C1883 | ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C1897 | LEAD NEUROSTIMULATOR TEST KIT   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| C8937 | Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary pro |  |
| C9468 | INJECTION FACTOR IX GLYCOPEGYLATED REBINYN 1 IU   |  |
| C9751 | Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobro  |  |
| C9752 | Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum  |  |
| C9753 | Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)  |  |
| E0194 | AIR FLUIDIZED BED   |  |
| E0232 | WOUND WARMING WOUND COVER   |  |
| E0256 | HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS  |  |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS  |  |
| E0296 | HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS  |  |
| E0297 | HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS  |  |
| E0310 | BEDSIDE RAILS FULL-LENGTH   |  |
| E0328 | HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS   |  |
| E0329 | HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS  |  |
| E0424 | STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR  |  |
| E0425 | STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB  |  |
| E0439 | STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULZR   |  |
| E0440 | STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR  |  |
| E0446 | TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES  |  |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS  |  |
| E0465 | HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF   |  |

|       |  |  |
|-------|--|--|
| E0466 | HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF  |  |
| E0481 | INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES   |  |
| E0483 | HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA  |  |
| E0485 | ORL DEVC/APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB |  |
| E0486 | ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM |  |
| E0572 | AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE |  |
| E0617 | EXTERNAL DEFIB W/INTEGRATED ECG ANALY            |  |
| E0618 | APNEA MONITOR WITHOUT RECORDING FEATURE          |  |
| E0619 | APNEA MONITOR WITH RECORDING FEATURE             |  |
| E0620 | SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA |  |
| E0627 | SEAT LIFT MECHANISM ELECTRIC ANY TYPE            |  |
| E0629 | SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE        |  |
| E0635 | PATIENT LIFT ELECTRIC WITH SEAT OR SLING         |  |
| E0639 | PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL  |  |
| E0640 | PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS  |  |
| E0670 | SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK |  |
| E0720 | TENS DEVICE TWO LEAD LOCALIZED STIMULATION       |  |
| E0730 | TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION |  |
| E0731 | FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES  |  |
| E0740 | NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS |  |
| E0747 | OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC   |  |
| E0748 | OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC  |  |
| E0749 | OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL     |  |
| E0760 | OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV    |  |
| E0761 | NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC |  |
| E0762 | TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS |  |
| E0764 | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ |  |
| E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE  |  |
| E0769 | ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC   |  |
| E0770 | FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS      |  |
| E0782 | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE       |  |
| E0783 | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE    |  |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP INSULIN        |  |
| E0785 | IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL |  |
| E0786 | IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL      |  |
| E0936 | CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE  |  |

|       |   |  |
|-------|---|--|
| E0946 | FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED      |  |
| E0947 | FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION          |  |
| E0953 | WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA         |  |
| E0954 | WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT      |  |
| E0988 | MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR      |  |
| E1002 | WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY      |  |
| E1003 | WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC           |  |
| E1004 | WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC        |  |
| E1005 | WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC         |  |
| E1006 | WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC       |  |
| E1007 | WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC         |  |
| E1008 | WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC        |  |
| E1012 | WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA        |  |
| E1100 | SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS      |  |
| E1220 | WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED            |  |
| E1230 | PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER       |  |
| E1239 | POWER WHEELCHAIR PEDIATRIC SIZE NOS                   |  |
| E1352 | OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS        |  |
| E1391 | O2 CONC 2 DEL PORT 85PCT /GT O2 CONC PRSC FLW RATE EA |  |
| E1392 | PORTABLE OXYGEN CONCENTRATOR RENTAL                   |  |
| E1399 | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS               |  |
| E1405 | OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV       |  |
| E1406 | OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV      |  |
| E1700 | JAW MOTION REHABILITATION SYSTEM                      |  |
| E1701 | REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX           |  |
| E1801 | STATIC PROGRESSIVE STRETCH ELBOW DEVICE               |  |
| E1806 | STATIC PROGRESSIVE STRETCH WRIST DEVICE               |  |
| E1811 | STATIC PROGRESSIVE STRETCH KNEE DEVICE                |  |
| E1816 | STATIC PROGRESSIVE STRETCH ANKLE DEVICE               |  |
| E1818 | STATIC PROGRESSIVE STRETCH FOREARM DEVICE             |  |
| E1831 | STATIC PROGRESSIVE STRETCH TOE DEVICE                 |  |
| E2100 | BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER        |  |
| E2101 | BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE       |  |
| E2216 | MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ         |  |
| E2217 | MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE      |  |
| E2218 | MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE      |  |

|       |  |  |
|-------|--|--|
| E2230 | MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS          |  |
| E2291 | BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE         |  |
| E2292 | SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE         |  |
| E2293 | BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE            |  |
| E2294 | SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE            |  |
| E2295 | MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME          |  |
| E2325 | PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL               |  |
| E2326 | PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE            |  |
| E2358 | PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA         |  |
| E2369 | POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY           |  |
| E2372 | PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA        |  |
| E2378 | POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY         |  |
| E2500 | SPEECH GEN DEVC DIGITIZED LT /EQU 8 MINS REC TIME        |  |
| E2502 | SPCH GEN DEVC DIGTIZDGT 8 MINS LT EQU 20 MINS REC TIME   |  |
| E2504 | SPCH GEN DEVC DIGTIZDGT 20 MINS LT /EQU 40 MINS REC TIME |  |
| E2506 | SPEECH GEN DEVICE DIGITIZED GT 40 MINS REC TIME          |  |
| E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT           |  |
| E2510 | SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS         |  |
| E2511 | SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST          |  |
| E2512 | ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM          |  |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE           |  |
| E2610 | WHEELCHAIR SEAT CUSHION POWERED                          |  |
| E2617 | CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE         |  |
| E2626 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE          |  |
| E2627 | WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO           |  |
| E2628 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING          |  |
| E2629 | WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP         |  |
| E2630 | WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP         |  |
| E8000 | GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS          |  |
| E8001 | GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS          |  |
| E8002 | GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS           |  |
| G0151 | SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN          |  |
| G0152 | SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN         |  |
| G0156 | SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN         |  |
| G0157 | SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN         |  |



|       |  |  |
|-------|--|--|
| G0158 | SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN          |  |
| G0159 | SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS         |  |
| G0160 | SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS         |  |
| G0161 | SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M         |  |
| G0297 | LOW DOSE CT SCAN FOR LUNG CANCER SCREENING               | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| G0299 | DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN          |  |
| G0300 | DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN           |  |
| G0490 | FACE-TO-FACE HH NSG VST RHC/FQHC AREA SHTG HHA           |  |
| G0493 | SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN         |  |
| G0494 | SKILLED SRVC LPN OBS & ASMT PT COND EA 15 MIN            |  |
| G0495 | SKD SRVC RN TRAIN&/EDU PT/FAM HH/HOSPC EA 15 MIN         |  |
| G0496 | SKD SRVC LPN TRAIN&/EDU PT/FAM HH/HOSPC E 15 MIN         |  |
| J0185 | Injection, aprepitant, 1 mg                              |  |
| J0517 | Injection, benralizumab, 1 mg                            |  |
| J0567 | Injection, cerliponase alfa, 1 mg                        |  |
| J0584 | Injection, burosumab-twza 1 mg                           |  |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT                          |  |
| J0875 | INJECTION DALBAVANCIN 5MG                                |  |
| J0878 | INJECTION DAPTOMYCIN 1 MG                                |  |
| J1095 | Injection dexamethasone 9%                               |  |
| J1301 | Injection, edaravone, 1 mg                               |  |
| J1428 | INJECTION ETEPLIRSEN 10 MG                               |  |
| J1454 | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg |  |
| J1459 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG             |  |
| J1556 | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG                 |  |
| J1557 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG             |  |
| J1559 | INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG                |  |
| J1561 | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG          |  |
| J1562 | INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG               |  |
| J1566 | INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG           |  |
| J1568 | INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG                  |  |
| J1569 | INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG            |  |
| J1572 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG             |  |
| J1575 | INJ IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG              |  |
| J1599 | INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG          |  |
| J1628 | Injection, guselkumab, 1 mg                              |  |
| J1745 | INJECTION INFlixIMAB EXCLUDES BIOSIMILAR 10 MG           |  |
| J1746 | Injection, ibalizumab-uiyk, 10 mg                        |  |
| J2020 | INJECTION LINEZOLID 200 MG                               |  |
| J2186 | Injection, meropenem-vaborbactam                         |  |
| J2326 | INJECTION NUSINERSEN 0.1 MG                              |  |
| J3245 | Injection, tildrakizumab, 1 mg                           |  |

|       |  |  |
|-------|--|--|
| J3304 | Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg |  |
| J3316 | Injection, triptorelin, extended-release, 3.75 mg  |  |
| J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes  |  |
| J3590 | UNCLASSIFIED BIOLOGICS   |  |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg   |  |
| J7179 | INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO   |  |
| J7180 | INJECTION FACTOR XIII 1 I.U.   |  |
| J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU   |  |
| J7182 | INJECTION FACTOR VIII PER IU   |  |
| J7200 | INJECTION FACTOR IX RIXUBIS PER IU   |  |
| J7201 | INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.  |  |
| J7202 | INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.   |  |
| J7205 | INJECTION FACTOR VIII FC FUSION PROTEIN PER IU   |  |
| J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U.   |  |
| J7209 | INJECTION FACTOR VIII 1 I.U.   |  |
| J7210 | INJECTION FACTOR VIII AFSTYLA 1 I.U.   |  |
| J7211 | INJECTION FACTOR VIII KOVALTRY 1 I.U.  |  |
| J7318 | Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg                                |  |
| J7329 | Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg                                 |  |
| J7999 | COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED   |  |
| J9044 | Injection, bortezomib, not otherwise specified, 0.1 mg   |  |
| J9057 | Injection, copanlisib, 1 mg  |  |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine   |  |
| J9173 | Injection, durvalumab, 10 mg   |  |
| J9202 | GOSERELIN ACETATE IMPLANT PER 3.6 MG   |  |
| J9212 | INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG   |  |
| J9213 | INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U   |  |
| J9214 | INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U   |  |
| J9215 | INJECTION INTERFERON ALFA-N3 250,000 IU  |  |
| J9216 | INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS  |  |
| J9225 | HISTRELIN IMPLANT VANTAS 50 MG   |  |
| J9226 | HISTRELIN IMPLANT SUPPRELIN LA 50 MG   |  |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg   |  |
| J9311 | Injection, rituximab 10 mg and hyaluronidase   |  |
| J9312 | Injection, rituximab, 10 mg  |  |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG   |  |
| K0008 | CUSTOM MANUAL WHEELCHAIR/BASE  |  |
| K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE   |  |
| K0065 | SPOKE PROTECTORS EACH  |  |
| K0073 | CASTER PIN LOCK EACH   |  |

|       |  |   |
|-------|--|---|
| K0098 | DRIVE BELT FOR POWER WHEELCHAIR REPLACEMNT ONLY        |   |
| K0105 | IV HANGER EACH   |   |
| K0108 | OTHER ACCESSORIES                                      | No authorization is required when billed with an RB modifier. |
| K0455 | INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED       |   |
| K0606 | AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE          |   |
| K0733 | PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA        |   |
| K0734 | SKIN PROTCT WC SEAT CUSH ADJ WIDTH LSS THN 2 IN        |   |
| K0735 | SKIN PROTCT WC SEAT CUSH ADJ WIDTH 22 IN OR OVR        |   |
| K0736 | SKIN PROTCT/PSTN WC CUSHN ADJ WPTH LSS THN 22 IN DEPTH |   |
| K0737 | SKIN PROTECT& PSTN WC CUSHN ADJ WIDTH 22 IN OR OVR     |   |
| K0743 | SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS        |   |
| K0800 | PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS       |   |
| K0801 | PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS          |   |
| K0802 | PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS        |   |
| K0806 | PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS       |   |
| K0807 | PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS          |   |
| K0808 | PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS        |   |
| K0812 | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED        |   |
| K0813 | PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS         |   |
| K0814 | PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS         |   |
| K0815 | PWR WC GRP 1 STD SLING SEAT PT UP TO & EQU 300 LBS     |   |
| K0816 | PWR WC GRP 1 STD CAPTAINS CHAIR PT TO & EQU 300 LBS    |   |
| K0820 | PWR WC GRP 2 STD PORT SLING SEAT PT TO & EQU 300 LBS   |   |
| K0821 | PWR WC GRP 2 STD PORT CAPT CHAIR PT TO & EQU 300 LBS   |   |
| K0822 | PWR WC GRP 2 STD SLING SEAT PT TO & EQU 300 LBS        |   |
| K0823 | PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQU 300 LBS    |   |
| K0824 | PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS       |   |
| K0825 | PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS       |   |
| K0826 | PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB       |   |
| K0827 | PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS       |   |
| K0828 | PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/GT      |   |
| K0829 | PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/GT         |   |
| K0830 | PWR WC GRP 2 STD SEAT ELEV SLING PT TO & EQU 300 LBS   |   |
| K0831 | PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB        |   |
| K0835 | PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS        |   |
| K0836 | PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS        |   |

|       |  |  |
|-------|--|--|
| K0837 | PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS     |  |
| K0838 | PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS     |  |
| K0839 | PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS      |  |
| K0840 | PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/GT      |  |
| K0841 | PWR WC GRP 2 MX PWR SLING SEAT PT TO & EQU 300 LBS   |  |
| K0842 | PWR WC GRP 2 STD MX PWR CAPT CHR PT TO & EQU 300 LBS |  |
| K0843 | PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS     |  |
| K0848 | PWR WC GRP 3 STD SLING SEAT PT TO & EQU 300 LBS      |  |
| K0849 | PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & EQU 300 LBS   |  |
| K0850 | PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS      |  |
| K0851 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS      |  |
| K0852 | PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB     |  |
| K0853 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS      |  |
| K0854 | PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/GT    |  |
| K0855 | PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/GT        |  |
| K0856 | PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO & EQU 300 LB |  |
| K0857 | PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO & EQU 300 LB |  |
| K0858 | PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS      |  |
| K0859 | PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS      |  |
| K0860 | PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB     |  |
| K0861 | PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO & EQU 300 LB |  |
| K0862 | PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS     |  |
| K0863 | PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB     |  |
| K0864 | PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/GT    |  |
| K0868 | PWR WC GRP 4 STD SLING SEAT PT TO & EQU 300 LBS      |  |
| K0869 | PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & EQU 300 LBS   |  |
| K0870 | PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS      |  |
| K0871 | PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB     |  |
| K0877 | PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO & EQU 300 LB |  |
| K0878 | PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO & EQU 300 LB |  |
| K0879 | PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS      |  |
| K0880 | PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB     |  |
| K0884 | PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO & EQU 300 LB |  |
| K0885 | PWR WC GRP 4 STD MX PWR CAPT CHR PT TO & EQU 300 LBS |  |
| K0886 | PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS     |  |
| K0890 | PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO & EQU 125 LB |  |

|       |   |  |
|-------|---|--|
| K0891 | PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &EQU 125 LB   |  |
| K0898 | POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED   |  |
| K0900 | CUSTOMIZED DME OTHER THAN WHEELCHAIR  |  |
| L8680 | IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8681 | PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8682 | IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8683 | RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV   | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8685 | IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8686 | IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8687 | IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8688 | IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8689 | EXT RECHARG SYS BATTERY IMPL NEUROSTIM REPL ONLY  | Please contact eviCore, Inc. for prior authorization of these services at <a href="http://www.eviCore.com">www.eviCore.com</a> , phone 888-693-3211 or fax 844-822-3862. |
| L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated |  |

|       |   |  |
|-------|---|--|
| L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated |  |
| P9603 | TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE   |  |
| Q2042 | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose  |  |
| Q4187 | Epicord, per square centimeter  |  |
| Q4189 | Artacent ac, 1 mg   |  |
| Q4190 | Artacent ac, per square centimeter  |  |
| Q4191 | Restorigin, per square centimeter   |  |
| Q4192 | Restorigin, 1 cc  |  |
| Q4193 | Coll-e-derm, per square centimeter  |  |
| Q4194 | Novachor, per square centimeter   |  |
| Q4195 | Puraply, per square centimeter  |  |
| Q4196 | Puraply am, per square centimeter   |  |
| Q4197 | Puraply xt, per square centimeter   |  |
| Q4198 | Genesis amniotic membrane, per square centimeter  |  |
| Q4200 | Skin te, per square centimeter  |  |
| Q4201 | Matrion, per square centimeter  |  |
| Q4202 | Keroxx (2.5g/cc), 1cc   |  |
| Q4203 | Derma-gide, per square centimeter   |  |
| Q4204 | Xwrap, per square centimeter  |  |
| S9325 | HIT PAIN MANAGEMENT INFUSION; PER DIEM  |  |
| S9326 | HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM   |  |
| S9327 | HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM   |  |
| S9328 | HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM  |  |
| S9329 | HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM  |  |
| S9330 | HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM  |  |
| S9335 | HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM  |  |
| S9336 | HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM  |  |
| S9338 | HIT IMMUTHAPY; CARE COORDINATION PER DIEM   |  |
| S9340 | HOME THERAPY; ENTERAL NUTRITION; PER DIEM   |  |
| S9341 | HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM  |  |
| S9342 | HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM   |  |
| S9343 | HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM  |  |
| S9345 | HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM  |  |
| S9346 | HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM  |  |
| S9347 | HIT UNINTRPED LNG-TERM CNTRL RATE IV/SUBQ;-DIEM   |  |
| S9348 | HIT SYMPATHOMIMETIC/INOTROPIC AGENT PER DIEM  |  |
| S9349 | HOME INFUSION THERAPY TOCOLYTIC; PER DIEM   |  |
| S9351 | HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM  |  |
| S9353 | HOME INFUSION THERAPY CONT INSULIN; PER DIEM  |  |







