Cancer Codes	Descriptions	Breast Cancer Dx Codes	Descriptions	Intraocular Inject	Descriptions	Insulin Dependent and Gestational Diabetes Codes	Descriptions
C00.0	Malignant neoplasm of external upper lip	C50.011	Malignant neoplasm of nipple and areola, right female breast	B39.4	Histoplasmosis capsulati, unspecified	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
C00.1	Malignant neoplasm of external lower lip	C50.111	Malignant neoplasm of central portion of right female breast	B39.5	Histoplasmosis duboisii	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
C00.2	Malignant neoplasm of external lip, unspecified	C50.112	Malignant neoplasm of central portion of left female breast	B39.9	Histoplasmosis, unspecified	E10.21	Type 1 diabetes mellitus with diabetic nephropathy
C00.3	Malignant neoplasm of upper lip, inner aspect	C50.119	Malignant neoplasm of central portion of unspecified female breast	E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
C00.4	Malignant neoplasm of lower lip, inner aspect	C50.012	Malignant neoplasm of nipple and areola, left female breast	E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	C50.121	Malignant neoplasm of central portion of right male breast	E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
C00.6	Malignant neoplasm of commissure of lip, unspecified	C50.122	Malignant neoplasm of central portion of left male breast	E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
C00.8	Malignant neoplasm of overlapping sites of lip	C50.129	Malignant neoplasm of central portion of unspecified male breast	E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
C00.9	Malignant neoplasm of lip, unspecified	C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
C01	Malignant neoplasm of base of tongue	C50.021	Malignant neoplasm of nipple and areola, right male breast	E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
C02.0	Malignant neoplasm of dorsal surface of tongue	C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
C02.1	Malignant neoplasm of border of tongue	C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
C02.2	Malignant neoplasm of ventral surface of tongue	C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	C50.022	Malignant neoplasm of nipple and areola, left male breast	E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
C02.4	Malignant neoplasm of lingual tonsil	C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
C02.8	Malignant neoplasm of overlapping sites of tongue	C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
C02.9	Malignant neoplasm of tongue, unspecified	C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
C03.0	Malignant neoplasm of upper gum	C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
C03.1	Malignant neoplasm of lower gum	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
C03.9	Malignant neoplasm of gum, unspecified	C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	E103391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
C04.0	Malignant neoplasm of anterior floor of mouth	C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
C04.1	Malignant neoplasm of lateral floor of mouth	C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
C04.9	Malignant neoplasm of floor of mouth, unspecified	C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
C05.0	Malignant neoplasm of hard palate	C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
C05.1	Malignant neoplasm of soft palate	C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
C05.2	Malignant neoplasm of uvula	C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
C05.8	Malignant neoplasm of overlapping sites of palate	C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
C05.9	Malignant neoplasm of palate, unspecified	C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
C06.0	Malignant neoplasm of cheek mucosa	C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
C06.1	Malignant neoplasm of vestibule of mouth	C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
C06.2	Malignant neoplasm of retromolar area	C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
C06.9	Malignant neoplasm of mouth, unspecified	C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
C07	Malignant neoplasm of parotid gland	C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
C08.0	Malignant neoplasm of submandibular gland	C50.611	Malignant neoplasm of axillary tail of right female breast	E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
C08.1	Malignant neoplasm of sublingual gland	C50.612	Malignant neoplasm of axillary tail of left female breast	E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
C08.9	Malignant neoplasm of major salivary gland, unspecified	C50.619	Malignant neoplasm of axillary tail of unspecified female breast	E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
C09.0	Malignant neoplasm of tonsillar fossa	C50.621	Malignant neoplasm of axillary tail of right male breast	E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	C50.622	Malignant neoplasm of axillary tail of left male breast	E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
C09.8	Malignant neoplasm of overlapping sites of tonsil	C50.629	Malignant neoplasm of axillary tail of unspecified male breast	E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
C09.9	Malignant neoplasm of tonsil, unspecified	C50.811	Malignant neoplasm of overlapping sites of right female breast	E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
C10.0	Malignant neoplasm of vallecula	C50.812	Malignant neoplasm of overlapping sites of left female breast	E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
C10.1	Malignant neoplasm of anterior surface of epiglottis	C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
C10.2	Malignant neoplasm of lateral wall of oropharynx	C50.821	Malignant neoplasm of overlapping sites of right male breast	E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
C10.3	Malignant neoplasm of posterior wall of oropharynx	C50.822	Malignant neoplasm of overlapping sites of left male breast	E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
C10.4	Malignant neoplasm of branchial cleft	C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
C10.8	Malignant neoplasm of overlapping sites of oropharynx	C50.911	Malignant neoplasm of unspecified site of right female breast	E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
C10.9	Malignant neoplasm of oropharynx, unspecified	C50.912	Malignant neoplasm of unspecified site of left female breast	E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
C11.0	Malignant neoplasm of superior wall of nasopharynx	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
C11.1	Malignant neoplasm of posterior wall of nasopharynx	C50.921	Malignant neoplasm of unspecified site of right male breast	E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
C11.2	Malignant neoplasm of lateral wall of nasopharynx	C50.922	Malignant neoplasm of unspecified site of left male breast	E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
C11.3	Malignant neoplasm of anterior wall of nasopharynx	C50.929	Malignant neoplasm of unspecified site of unspecified male breast	E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Z85.3	Personal history of malignant neoplasm of breast	E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
C11.9	Malignant neoplasm of nasopharynx, unspecified	C79.81	Secondary malignant neoplasm of breast	E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	E10.36	Type 1 diabetes mellitus with diabetic cataract
C12	Malignant neoplasm of pyriform sinus	C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast	E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
C13.0	Malignant neoplasm of postcricoid region	D05.00	Lobular carcinoma in situ of unspecified breast	E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	D05.01	Lobular carcinoma in situ of right breast	E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
C13.2	Malignant neoplasm of posterior wall of hypopharynx	D05.10	Intraductal carcinoma in situ of unspecified breast	E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	D05.11	Intraductal carcinoma in situ of right breast	E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
C13.9	Malignant neoplasm of hypopharynx, unspecified	D05.12	Intraductal carcinoma in situ of left breast	E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified	D05.02	Lobular carcinoma in situ of left breast	E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
C14.2	Malignant neoplasm of Waldeyer's ring	D05.80	Other specified type of carcinoma in situ of unspecified breast	E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	D05.81	Other specified type of carcinoma in situ of right breast	E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
C15.3	Malignant neoplasm of upper third of esophagus	D05.82	Other specified type of carcinoma in situ of left breast	E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
C15.4	Malignant neoplasm of middle third of esophagus	D05.90	Unspecified type of carcinoma in situ of unspecified breast	E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
C15.5	Malignant neoplasm of lower third of esophagus	D05.91	Unspecified type of carcinoma in situ of right breast	E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
C15.8	Malignant neoplasm of overlapping sites of esophagus	D05.92	Unspecified type of carcinoma in situ of left breast	E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
C15.9	Malignant neoplasm of esophagus, unspecified			E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.59	Type 1 diabetes mellitus with other circulatory complications
C16.0	Malignant neoplasm of cardia			E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
C16.1	Malignant neoplasm of fundus of stomach			E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
C16.2	Malignant neoplasm of body of stomach			E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	E10.620	Type 1 diabetes mellitus with diabetic dermatitis
C16.3	Malignant neoplasm of pyloric antrum			E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.621	Type 1 diabetes mellitus with foot ulcer
C16.4	Malignant neoplasm of pylorus			E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	E10.622	Type 1 diabetes mellitus with other skin ulcer
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified			E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	E10.628	Type 1 diabetes mellitus with other skin complications
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified			E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	E10.630	Type 1 diabetes mellitus with periodontal disease
C16.8	Malignant neoplasm of overlapping sites of stomach			E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	E10.638	Type 1 diabetes mellitus with other oral complications
C16.9	Malignant neoplasm of stomach, unspecified			E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
C17.0	Malignant neoplasm of duodenum			E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
C17.1	Malignant neoplasm of jejunum			E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	E10.65	Type 1 diabetes mellitus with hyperglycemia
C17.2	Malignant neoplasm of ileum			E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	E10.69	Type 1 diabetes mellitus with other specified complication
C17.3	Meckel's diverticulum, malignant			E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	E10.8	Type 1 diabetes mellitus with unspecified complications
C17.8	Malignant neoplasm of overlapping sites of small intestine			E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	E10.9	Type 1 diabetes mellitus without complications
C17.9	Malignant neoplasm of small intestine, unspecified			E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
C18.0	Malignant neoplasm of cecum			E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1
C18.1	Malignant neoplasm of appendix			E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2
C18.2	Malignant neoplasm of ascending colon			E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
C18.3	Malignant neoplasm of hepatic flexure			E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
C18.4	Malignant neoplasm of transverse colon			E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	E11.21	Type 2 diabetes mellitus with diabetic nephropathy
C18.5	Malignant neoplasm of splenic flexure			E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
C18.6	Malignant neoplasm of descending colon			E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
C18.7	Malignant neoplasm of sigmoid colon			E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
C18.8	Malignant neoplasm of overlapping sites of colon			E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
C18.9	Malignant neoplasm of colon, unspecified			E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
C19	Malignant neoplasm of rectosigmoid junction			E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
C20	Malignant neoplasm of rectum			E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
C21.0	Malignant neoplasm of anus, unspecified			E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
C21.1	Malignant neoplasm of anal canal			E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
C21.2	Malignant neoplasm of cloacogenic zone			E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal			E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
C22.0	Liver cell carcinoma			E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
C22.1	Intrahepatic bile duct carcinoma			E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
C22.2	Hepatoblastoma			E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
C22.3	Angiosarcoma of liver			E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
C22.4	Other sarcomas of liver			E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
C22.7	Other specified carcinomas of liver			E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
C22.8	Malignant neoplasm of liver, primary, unspecified as to type			E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
C22.9	Malignant neoplasm of liver, not specified as primary or secondary			E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
C23	Malignant neoplasm of gallbladder			E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
C24.0	Malignant neoplasm of extrahepatic bile duct			E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
C24.1	Malignant neoplasm of ampulla of Vater			E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
C24.8	Malignant neoplasm of overlapping sites of biliary tract			E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
C24.9	Malignant neoplasm of biliary tract, unspecified			E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
C25.0	Malignant neoplasm of head of pancreas			E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye

C25.1	Malignant neoplasm of body of pancreas			E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
C25.2	Malignant neoplasm of tail of pancreas			E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
C25.3	Malignant neoplasm of pancreatic duct			E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
C25.4	Malignant neoplasm of endocrine pancreas			E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
C25.7	Malignant neoplasm of other parts of pancreas			E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
C25.8	Malignant neoplasm of overlapping sites of pancreas			E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
C25.9	Malignant neoplasm of pancreas, unspecified			E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
C26.0	Malignant neoplasm of intestinal tract, part unspecified			E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
C26.1	Malignant neoplasm of spleen			E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
C26.9	Malignant neoplasm of ill-defined sites within the digestive system			E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
C30.0	Malignant neoplasm of nasal cavity			E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
C30.1	Malignant neoplasm of middle ear			E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
C31.0	Malignant neoplasm of maxillary sinus			E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
C31.1	Malignant neoplasm of ethmoidal sinus			E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
C31.2	Malignant neoplasm of frontal sinus			E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
C31.3	Malignant neoplasm of sphenoid sinus			E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses			E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
C31.9	Malignant neoplasm of accessory sinus, unspecified			E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
C32.0	Malignant neoplasm of glottis			E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
C32.1	Malignant neoplasm of supraglottis			E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
C32.2	Malignant neoplasm of subglottis			E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
C32.3	Malignant neoplasm of laryngeal cartilage			E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
C32.8	Malignant neoplasm of overlapping sites of larynx			E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
C32.9	Malignant neoplasm of larynx, unspecified			E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
C33	Malignant neoplasm of trachea			E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
C34.00	Malignant neoplasm of unspecified main bronchus			E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
C34.01	Malignant neoplasm of right main bronchus			E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung			E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	E11.36	Type 2 diabetes mellitus with diabetic cataract
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung			E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung			E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
C34.02	Malignant neoplasm of left main bronchus			E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
C34.2	Malignant neoplasm of middle lobe, bronchus or lung			E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung			E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung			E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung			E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung			E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung			E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung			E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung			E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung			E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung			E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
C37	Malignant neoplasm of thymus			E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	E11.620	Type 2 diabetes mellitus with diabetic dermatitis
C38.0	Malignant neoplasm of heart			E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	E11.621	Type 2 diabetes mellitus with foot ulcer
C38.1	Malignant neoplasm of anterior mediastinum			E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	E11.622	Type 2 diabetes mellitus with other skin ulcer
C38.2	Malignant neoplasm of posterior mediastinum			E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	E11.628	Type 2 diabetes mellitus with other skin complications
C38.3	Malignant neoplasm of mediastinum, part unspecified			E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	E11.630	Type 2 diabetes mellitus with periodontal disease
C38.4	Malignant neoplasm of pleura			E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	E11.638	Type 2 diabetes mellitus with other oral complications
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura			E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified			E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified			E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right	E11.65	Type 2 diabetes mellitus with hyperglycemia
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb			E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left	E11.69	Type 2 diabetes mellitus with other specified complication
C40.01	Malignant neoplasm of scapula and long bones of right upper limb			E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,	O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
C40.10	Malignant neoplasm of short bones of unspecified upper limb			E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,	O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
C40.11	Malignant neoplasm of short bones of right upper limb			E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema,	O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
C40.12	Malignant neoplasm of short bones of left upper limb			E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema,	O24.019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
C40.02	Malignant neoplasm of scapula and long bones of left upper limb			E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema,	O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
C40.20	Malignant neoplasm of long bones of unspecified lower limb			E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema,	O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium
C40.21	Malignant neoplasm of long bones of right lower limb			E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular	O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
C40.22	Malignant neoplasm of long bones of left lower limb			E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular	O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
C40.30	Malignant neoplasm of short bones of unspecified lower limb			E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular	O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
C40.31	Malignant neoplasm of short bones of right lower limb			E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular	O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
C40.32	Malignant neoplasm of short bones of left lower limb			E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular	O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb			E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular	O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb			E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular	O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb			E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular	O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb			E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema,	O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb			E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema,	O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb			E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema,	O24.32	Unspecified pre-existing diabetes mellitus in childbirth
C41.0	Malignant neoplasm of bones of skull and face			E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema,	O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
C41.1	Malignant neoplasm of mandible			E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular	O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
C41.2	Malignant neoplasm of vertebral column			E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular	O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
C41.3	Malignant neoplasm of ribs, sternum and clavicle			E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular	O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx			E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular	O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified			E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	O24.420	Gestational diabetes mellitus in childbirth, diet controlled
C43.0	Malignant melanoma of lip			E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	O24.424	Gestational diabetes mellitus in childbirth, insulin controlled
C43.10	Malignant melanoma of unspecified eyelid, including canthus			E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
C43.111	Malignant melanoma of right upper eyelid, including canthus			E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	O24.429	Gestational diabetes mellitus in childbirth, unspecified control
C43.112	Malignant melanoma of right lower eyelid, including canthus			E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
C43.121	Malignant melanoma of left upper eyelid, including canthus			E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
C43.122	Malignant melanoma of left lower eyelid, including canthus			E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
C43.20	Malignant melanoma of unspecified ear and external auricular canal			E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	O24.439	Gestational diabetes mellitus in the puerperium, unspecified control
C43.21	Malignant melanoma of right ear and external auricular canal			E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
C43.22	Malignant melanoma of left ear and external auricular canal			E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
C43.30	Malignant melanoma of unspecified part of face			E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
C43.31	Malignant melanoma of nose			E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
C43.39	Malignant melanoma of other parts of face			E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	O24.82	Other pre-existing diabetes mellitus in childbirth
C43.4	Malignant melanoma of scalp and neck			E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	O24.83	Other pre-existing diabetes mellitus in the puerperium
C43.51	Malignant melanoma of anal skin			E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
C43.52	Malignant melanoma of skin of breast			E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
C43.59	Malignant melanoma of other part of trunk			E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
C43.60	Malignant melanoma of unspecified upper limb, including shoulder			E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
C43.61	Malignant melanoma of right upper limb, including shoulder			E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	O24.92	Unspecified diabetes mellitus in childbirth
C43.62	Malignant melanoma of left upper limb, including shoulder			E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	O24.93	Unspecified diabetes mellitus in the puerperium
C43.70	Malignant melanoma of unspecified lower limb, including hip			E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Z79.4	Long term (current) use of insulin
C43.71	Malignant melanoma of right lower limb, including hip			E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye		
C43.72	Malignant melanoma of left lower limb, including hip			E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral		
C43.8	Malignant melanoma of overlapping sites of skin			E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye		
C43.9	Malignant melanoma of skin, unspecified			E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye		
C44.00	Unspecified malignant neoplasm of skin of lip			E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye		
C44.01	Basal cell carcinoma of skin of lip			E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral		
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus			E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema		
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus			E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema		
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus			E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye		
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus			E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye		
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus			E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral		
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus			E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye		
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus			E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye		
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus			E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye		
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus			E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral		
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus			E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye		
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus			E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye		
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus			E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye		
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus			E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral		
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus			E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye		
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus			E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye		
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus			E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye		
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus			E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral		
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus			E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye		
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus			E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye		
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus			E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye		
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus			E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral		
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus			E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye		
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus			E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye		
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus			E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye		
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus			E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral		
C44.02	Squamous cell carcinoma of skin of lip			E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye		
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal			E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye		
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal			E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye		
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal			E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral		
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal			E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye		
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal			E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye		
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal			E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye		
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal			E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral		
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal			E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye		
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal			E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye		
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal			E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye		
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal			E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral		
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal			E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye		
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face			E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye		
C44.301	Unspecified malignant neoplasm of skin of nose			E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye		

C44.309	Unspecified malignant neoplasm of skin of other parts of face				E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral			
C44.310	Basal cell carcinoma of skin of unspecified parts of face				E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye			
C44.311	Basal cell carcinoma of skin of nose				E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye			
C44.319	Basal cell carcinoma of skin of other parts of face				E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye			
C44.320	Squamous cell carcinoma of skin of unspecified parts of face				E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral			
C44.321	Squamous cell carcinoma of skin of nose				E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye			
C44.329	Squamous cell carcinoma of skin of other parts of face				E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye			
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face				E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye			
C44.391	Other specified malignant neoplasm of skin of nose				E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral			
C44.399	Other specified malignant neoplasm of skin of other parts of face				E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye			
C44.40	Unspecified malignant neoplasm of skin of scalp and neck				E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye			
C44.41	Basal cell carcinoma of skin of scalp and neck				E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye			
C44.42	Squamous cell carcinoma of skin of scalp and neck				E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral			
C44.49	Other specified malignant neoplasm of skin of scalp and neck				H16.143	Punctate keratitis, bilateral			
C44.500	Unspecified malignant neoplasm of anal skin				H21.1X1	Other vascular disorders of iris and ciliary body, right eye			
C44.501	Unspecified malignant neoplasm of skin of breast				H21.1X2	Other vascular disorders of iris and ciliary body, left eye			
C44.509	Unspecified malignant neoplasm of skin of other part of trunk				H21.1X3	Other vascular disorders of iris and ciliary body, bilateral			
C44.510	Basal cell carcinoma of anal skin				H21.1X9	Other vascular disorders of iris and ciliary body, unspecified eye			
C44.511	Basal cell carcinoma of skin of breast				H32	Chorioretinal disorders in diseases classified elsewhere			
C44.519	Basal cell carcinoma of skin of other part of trunk				H33.001	Unspecified retinal detachment with retinal break, right eye			
C44.520	Squamous cell carcinoma of anal skin				H33.002	Unspecified retinal detachment with retinal break, left eye			
C44.521	Squamous cell carcinoma of skin of breast				H33.003	Unspecified retinal detachment with retinal break, bilateral			
C44.529	Squamous cell carcinoma of skin of other part of trunk				H33.011	Retinal detachment with single break, right eye			
C44.590	Other specified malignant neoplasm of anal skin				H33.012	Retinal detachment with single break, left eye			
C44.591	Other specified malignant neoplasm of skin of breast				H33.013	Retinal detachment with single break, bilateral			
C44.599	Other specified malignant neoplasm of skin of other part of trunk				H33.021	Retinal detachment with multiple breaks, right eye			
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder				H33.022	Retinal detachment with multiple breaks, left eye			
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder				H33.023	Retinal detachment with multiple breaks, bilateral			
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder				H33.031	Retinal detachment with giant retinal tear, right eye			
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder				H33.032	Retinal detachment with giant retinal tear, left eye			
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder				H33.033	Retinal detachment with giant retinal tear, bilateral			
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder				H33.041	Retinal detachment with retinal dialysis, right eye			
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder				H33.042	Retinal detachment with retinal dialysis, left eye			
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder				H33.043	Retinal detachment with retinal dialysis, bilateral			
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder				H33.051	Total retinal detachment, right eye			
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder				H33.052	Total retinal detachment, left eye			
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder				H33.053	Total retinal detachment, bilateral			
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder				H33.101	Unspecified retinoschisis, right eye			
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip				H33.102	Unspecified retinoschisis, left eye			
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip				H33.103	Unspecified retinoschisis, bilateral			
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip				H33.111	Cyst of ora serrata, right eye			
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip				H33.112	Cyst of ora serrata, left eye			
C44.712	Basal cell carcinoma of skin of right lower limb, including hip				H33.113	Cyst of ora serrata, bilateral			
C44.719	Basal cell carcinoma of skin of left lower limb, including hip				H33.121	Parasitic cyst of retina, right eye			
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip				H33.122	Parasitic cyst of retina, left eye			
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip				H33.123	Parasitic cyst of retina, bilateral			
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip				H33.191	Other retinoschisis and retinal cysts, right eye			
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip				H33.192	Other retinoschisis and retinal cysts, left eye			
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip				H33.193	Other retinoschisis and retinal cysts, bilateral			
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip				H33.21	Serous retinal detachment, right eye			
C44.80	Unspecified malignant neoplasm of overlapping sites of skin				H33.22	Serous retinal detachment, left eye			
C44.81	Basal cell carcinoma of overlapping sites of skin				H33.23	Serous retinal detachment, bilateral			
C44.82	Squamous cell carcinoma of overlapping sites of skin				H33.301	Unspecified retinal break, right eye			
C44.89	Other specified malignant neoplasm of overlapping sites of skin				H33.302	Unspecified retinal break, left eye			
C44.09	Other specified malignant neoplasm of skin of lip				H33.303	Unspecified retinal break, bilateral			
C44.90	Unspecified malignant neoplasm of skin, unspecified				H33.311	Horseshoe tear of retina without detachment, right eye			
C44.91	Basal cell carcinoma of skin, unspecified				H33.312	Horseshoe tear of retina without detachment, left eye			
C44.92	Squamous cell carcinoma of skin, unspecified				H33.313	Horseshoe tear of retina without detachment, bilateral			
C44.99	Other specified malignant neoplasm of skin, unspecified				H33.321	Round hole, right eye			
C45.0	Mesothelioma of pleura				H33.322	Round hole, left eye			
C45.1	Mesothelioma of peritoneum				H33.323	Round hole, bilateral			
C45.2	Mesothelioma of pericardium				H33.331	Multiple defects of retina without detachment, right eye			
C45.7	Mesothelioma of other sites				H33.332	Multiple defects of retina without detachment, left eye			
C45.9	Mesothelioma, unspecified				H33.333	Multiple defects of retina without detachment, bilateral			
C46.0	Kaposi's sarcoma of skin				H33.41	Traction detachment of retina, right eye			
C46.1	Kaposi's sarcoma of soft tissue				H33.42	Traction detachment of retina, left eye			
C46.2	Kaposi's sarcoma of palate				H33.43	Traction detachment of retina, bilateral			
C46.3	Kaposi's sarcoma of lymph nodes				H33.8	Other retinal detachments			
C46.4	Kaposi's sarcoma of gastrointestinal sites				H34.00	Transient retinal artery occlusion, unspecified eye			
C46.50	Kaposi's sarcoma of unspecified lung				H34.01	Transient retinal artery occlusion, right eye			
C46.51	Kaposi's sarcoma of right lung				H34.02	Transient retinal artery occlusion, left eye			
C46.52	Kaposi's sarcoma of left lung				H34.03	Transient retinal artery occlusion, bilateral			
C46.7	Kaposi's sarcoma of other sites				H34.10	Central retinal artery occlusion, unspecified eye			
C46.9	Kaposi's sarcoma, unspecified				H34.11	Central retinal artery occlusion, right eye			
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck				H34.12	Central retinal artery occlusion, left eye			
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder				H34.13	Central retinal artery occlusion, bilateral			
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder				H34.211	Partial retinal artery occlusion, right eye			
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder				H34.212	Partial retinal artery occlusion, left eye			
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip				H34.213	Partial retinal artery occlusion, bilateral			
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip				H34.219	Partial retinal artery occlusion, unspecified eye			
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip				H34.231	Retinal artery branch occlusion, right eye			
C47.3	Malignant neoplasm of peripheral nerves of thorax				H34.232	Retinal artery branch occlusion, left eye			
C47.4	Malignant neoplasm of peripheral nerves of abdomen				H34.233	Retinal artery branch occlusion, bilateral			
C47.5	Malignant neoplasm of peripheral nerves of pelvis				H34.239	Retinal artery branch occlusion, unspecified eye			
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified				H34.8110	Central retinal vein occlusion, right eye, with macular edema			
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system				H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization			
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified				H34.8112	Central retinal vein occlusion, right eye, stable			
C48.0	Malignant neoplasm of retroperitoneum				H34.8120	Central retinal vein occlusion, left eye, with macular edema			
C48.1	Malignant neoplasm of specified parts of peritoneum				H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization			
C48.2	Malignant neoplasm of peritoneum, unspecified				H34.8122	Central retinal vein occlusion, left eye, stable			
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum				H34.8130	Central retinal vein occlusion, bilateral, with macular edema			
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck				H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization			
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder				H34.8132	Central retinal vein occlusion, bilateral, stable			
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder				H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema			
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder				H34.8191	Central retinal vein occlusion, unspecified eye, with retinal neovascularization			
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip				H34.8192	Central retinal vein occlusion, unspecified eye, stable			
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip				H34.821	Venous engorgement, right eye			
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip				H34.822	Venous engorgement, left eye			
C49.3	Malignant neoplasm of connective and soft tissue of thorax				H34.823	Venous engorgement, bilateral			
C49.4	Malignant neoplasm of connective and soft tissue of abdomen				H34.829	Venous engorgement, unspecified eye			
C49.5	Malignant neoplasm of connective and soft tissue of pelvis				H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema			
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified				H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization			
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue				H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable			
C49.9	Malignant neoplasm of connective and soft tissue, unspecified				H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema			
C49.A0	Gastrointestinal stromal tumor, unspecified site				H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization			
C49.A1	Gastrointestinal stromal tumor of esophagus				H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable			
C49.A2	Gastrointestinal stromal tumor of stomach				H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema			
C49.A3	Gastrointestinal stromal tumor of small intestine				H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization			
C49.A4	Gastrointestinal stromal tumor of large intestine				H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable			
C49.A5	Gastrointestinal stromal tumor of rectum				H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema			
C49.A9	Gastrointestinal stromal tumor of other sites				H34.8391	Tributary (branch) retinal vein occlusion, unspecified eye, with retinal neovascularization			
C4A.0	Merkel cell carcinoma of lip				H34.8392	Tributary (branch) retinal vein occlusion, unspecified eye, stable			
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus				H34.9	Unspecified retinal vascular occlusion			
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus				H35.00	Unspecified background retinopathy			
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus				H35.011	Changes in retinal vascular appearance, right eye			
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus				H35.012	Changes in retinal vascular appearance, left eye			
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus				H35.013	Changes in retinal vascular appearance, bilateral			
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal				H35.019	Changes in retinal vascular appearance, unspecified eye			
C4A.21	Merkel cell carcinoma of right ear and external auricular canal				H35.021	Exudative retinopathy, right eye			
C4A.22	Merkel cell carcinoma of left ear and external auricular canal				H35.022	Exudative retinopathy, left eye			
C4A.30	Merkel cell carcinoma of unspecified part of face				H35.023	Exudative retinopathy, bilateral			
C4A.31	Merkel cell carcinoma of nose				H35.029	Exudative retinopathy, unspecified eye			
C4A.39	Merkel cell carcinoma of other parts of face				H35.031	Hypertensive retinopathy, right eye			
C4A.4	Merkel cell carcinoma of scalp and neck				H35.032	Hypertensive retinopathy, left eye			
C4A.51	Merkel cell carcinoma of anal skin				H35.033	Hypertensive retinopathy, bilateral			
C4A.52	Merkel cell carcinoma of skin of breast				H35.039	Hypertensive retinopathy, unspecified eye			
C4A.59	Merkel cell carcinoma of other part of trunk				H35.041	Retinal micro-aneurysms, unspecified, right eye			
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder				H35.042	Retinal micro-aneurysms, unspecified, left eye			
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder				H35.043	Retinal micro-aneurysms, unspecified, bilateral			
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder				H35.049	Retinal micro-aneurysms, unspecified, unspecified eye			
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip				H35.051	Retinal neovascularization, unspecified, right eye			
C4A.71	Merkel cell carcinoma of right lower limb, including hip				H35.052	Retinal neovascularization, unspecified, left eye			
C4A.72	Merkel cell carcinoma of left lower limb, including hip				H35.053	Retinal neovascularization, unspecified, bilateral			
C4A.8	Merkel cell carcinoma of overlapping sites				H35.059	Retinal neovascularization, unspecified, unspecified eye			
C4A.9	Merkel cell carcinoma, unspecified				H35.061	Retinal vasculitis, right eye			
C50.011	Malignant neoplasm of nipple and areola, right female breast				H35.062	Retinal vasculitis, left eye			
C50.111	Malignant neoplasm of central portion of right female breast				H35.063	Retinal vasculitis, bilateral			
C50.112	Malignant neoplasm of central portion of left female breast				H35.069	Retinal vasculitis, unspecified eye			
C50.119	Malignant neoplasm of central portion of unspecified female breast				H35.071	Retinal telangiectasis, right eye			
C50.012	Malignant neoplasm of nipple and areola, left female breast				H35.072	Retinal telangiectasis, left eye			
C50.121	Malignant neoplasm of central portion of right male breast				H35.073	Retinal telangiectasis, bilateral			
C50.122	Malignant neoplasm of central portion of left male breast				H35.079	Retinal telangiectasis, unspecified eye			
C50.129	Malignant neoplasm of central portion of unspecified male breast				H35.09	Other intraretinal microvascular abnormalities			
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast				H35.141	Retinopathy of prematurity, stage 3, right eye			
C50.021	Malignant neoplasm of nipple and areola, right male breast				H35.142	Retinopathy of prematurity, stage 3, left eye			
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast				H35.143	Retinopathy of prematurity, stage 3, bilateral			
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast				H35.149	Retinopathy of prematurity, stage 3, unspecified eye			
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast				H35.151	Retinopathy of prematurity, stage 4, right eye			
C50.022	Malignant neoplasm of nipple and areola, left male breast				H35.152	Retinopathy of prematurity, stage 4, left eye			
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast				H35.153	Retinopathy of prematurity, stage 4, bilateral			
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast				H35.159	Retinopathy of prematurity, stage 4, unspecified eye			
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast				H35.161	Retinopathy of prematurity, stage 5, right eye			
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast				H35.162	Retinopathy of prematurity, stage 5, left eye			
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast				H35.163	Retinopathy of prematurity, stage 5, bilateral			
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast				H35.169	Retinopathy of prematurity, stage 5, unspecified eye			
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast				H35.20	Other non-diabetic proliferative retinopathy, unspecified eye			
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast				H35.21	Other non-diabetic proliferative retinopathy, right eye			
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast				H35.22	Other non-diabetic proliferative retinopathy, left eye			
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast				H35.23	Other non-diabetic proliferative retinopathy, bilateral			
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast				H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage			
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast				H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified			
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast				H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization			
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast				H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization			
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast				H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar			
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast				H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified			
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast				H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization			
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast				H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization			
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast				H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar			
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast				H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified			
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast				H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization			
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast				H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization			
C50.611	Malignant neoplasm of axillary tail of right female breast				H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar			
C50.612	Malignant neoplasm of axillary tail of left female breast				H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified			
C50.619	Malignant neoplasm of axillary tail of unspecified female breast				H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization			
C50.621	Malignant neoplasm of axillary tail of right male breast				H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization			
C50.622	Malignant neoplasm of axillary tail of left male breast				H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar			
C50.629	Malignant neoplasm of axillary tail of unspecified male breast				H35.33	Angioid streaks of macula			
C50.811	Malignant neoplasm of overlapping sites of right female breast				H35.341	Macular cyst, hole, or pseudohole, right eye			
C50.812	Malignant neoplasm of overlapping sites of left female breast				H35.342	Macular cyst, hole, or pseudohole, left eye			
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast				H35.343	Macular cyst, hole, or pseudohole, bilateral			
C50.821	Malignant neoplasm of overlapping sites of right male breast				H35.351	Cystoid macular degeneration, right eye			
C50.822	Malignant neoplasm of overlapping sites of left male breast				H35.352	Cystoid macular degeneration, left eye			
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast				H35.353	Cystoid macular degeneration, bilateral			
C50.911	Malignant neoplasm of unspecified site of right female breast				H35.359	Cystoid macular degeneration, unspecified eye			
C50.912	Malignant neoplasm of unspecified site of left female breast				H35.373	Puckering of macula, bilateral			
C50.919	Malignant neoplasm of unspecified site of unspecified female breast				H35.81	Retinal edema			
C50.921	Malignant neoplasm of unspecified site of right male breast				H35.82	Retinal ischemia			
C50.922	Malignant neoplasm of unspecified site of left male breast				H36.811	Nonproliferative sickle-cell retinopathy, right eye			
C50.929	Malignant neoplasm of unspecified site of unspecified male breast				H36.812	Nonproliferative sickle-cell retinopathy, left eye			
Z85.3	Personal history of malignant neoplasm of breast				H36.813	Nonproliferative sickle-cell retinopathy, bilateral			
C51.0	Malignant neoplasm of labium majus				H36.819	Nonproliferative sickle-cell retinopathy, unspecified eye			
C51.1	Malignant neoplasm of labium minus				H36.821	Proliferative sickle-cell retinopathy, right eye			
C51.2	Malignant neoplasm of clitoris				H36.822	Proliferative sickle-cell retinopathy, left eye			
C51.8	Malignant neoplasm of overlapping sites of vulva				H36.823	Proliferative sickle-cell retinopathy, bilateral			
C51.9	Malignant neoplasm of vulva, unspecified				H36.829	Proliferative sickle-cell retinopathy, unspecified eye			
C52	Malignant neoplasm of vagina				H36.89	Other retinal disorders in diseases classified elsewhere			
C53.0	Malignant neoplasm of endocervix				H40.50X0	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified			
C53.1	Malignant neoplasm of exocervix				H40.50X1	Glaucoma secondary to other eye disorders, unspecified eye, mild stage			
C53.8	Malignant neoplasm of overlapping sites of cervix uteri				H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage			
C53.9	Malignant neoplasm of cervix uteri, unspecified				H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage			
C54.0	Malignant neoplasm of isthmus uteri				H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage			
C54.1	Malignant neoplasm of endometrium				H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified			
C54.2	Malignant neoplasm of myometrium				H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage			
C54.3	Malignant neoplasm of fundus uteri				H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage			
C54.8	Malignant neoplasm of overlapping sites of corpus uteri				H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage			
C54.9	Malignant neoplasm of corpus uteri, unspecified				H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage			
C55	Malignant neoplasm of uterus, part unspecified				H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified			
C56.1	Malignant neoplasm of right ovary				H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage			
C56.2	Malignant neoplasm of left ovary				H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage			
C56.3	Malignant neoplasm of bilateral ovaries				H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage			
C56.9	Malignant neoplasm of unspecified ovary				H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage			
C57.00	Malignant neoplasm of unspecified fallopian tube				H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified			
C57.01	Malignant neoplasm of right fallopian tube				H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage			
C57.10	Malignant neoplasm of unspecified broad ligament				H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage			
C57.11	Malignant neoplasm of right broad ligament				H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage			
C57.12	Malignant neoplasm of left broad ligament				H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage			

C57.02	Malignant neoplasm of left fallopian tube				H44.20	Degenerative myopia, unspecified eye			
C57.20	Malignant neoplasm of unspecified round ligament				H44.21	Degenerative myopia, right eye			
C57.21	Malignant neoplasm of right round ligament				H44.22	Degenerative myopia, left eye			
C57.22	Malignant neoplasm of left round ligament				H44.23	Degenerative myopia, bilateral			
C57.3	Malignant neoplasm of parametrium				H44.2A1	Degenerative myopia with choroidal neovascularization, right eye			
C57.4	Malignant neoplasm of uterine adnexa, unspecified				H44.2A2	Degenerative myopia with choroidal neovascularization, left eye			
C57.7	Malignant neoplasm of other specified female genital organs				H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral			
C57.8	Malignant neoplasm of overlapping sites of female genital organs				H44.2A9	Degenerative myopia with choroidal neovascularization, unspecified eye			
C57.9	Malignant neoplasm of female genital organ, unspecified				H44.2B1	Degenerative myopia with macular hole, right eye			
C58	Malignant neoplasm of placenta				H44.2B2	Degenerative myopia with macular hole, left eye			
C60.0	Malignant neoplasm of prepuce				H44.2B3	Degenerative myopia with macular hole, bilateral			
C60.1	Malignant neoplasm of glans penis				H44.2B9	Degenerative myopia with macular hole, unspecified eye			
C60.2	Malignant neoplasm of body of penis				H44.2C1	Degenerative myopia with retinal detachment, right eye			
C60.8	Malignant neoplasm of overlapping sites of penis				H44.2C2	Degenerative myopia with retinal detachment, left eye			
C60.9	Malignant neoplasm of penis, unspecified				H44.2C3	Degenerative myopia with retinal detachment, bilateral			
C61	Malignant neoplasm of prostate				H44.2D1	Degenerative myopia with foveoschisis, right eye			
C62.00	Malignant neoplasm of unspecified undescended testis				H44.2D2	Degenerative myopia with foveoschisis, left eye			
C62.01	Malignant neoplasm of undescended right testis				H44.2D3	Degenerative myopia with foveoschisis, bilateral			
C62.10	Malignant neoplasm of unspecified descended testis				H44.2D9	Degenerative myopia with foveoschisis, unspecified eye			
C62.11	Malignant neoplasm of descended right testis				H44.2E1	Degenerative myopia with other maculopathy, right eye			
C62.12	Malignant neoplasm of descended left testis				H44.2E2	Degenerative myopia with other maculopathy, left eye			
C62.02	Malignant neoplasm of undescended left testis				H44.2E3	Degenerative myopia with other maculopathy, bilateral			
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended				H44.2E9	Degenerative myopia with other maculopathy, unspecified eye			
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended								
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended								
C63.00	Malignant neoplasm of unspecified epididymis								
C63.01	Malignant neoplasm of right epididymis								
C63.10	Malignant neoplasm of unspecified spermatic cord								
C63.11	Malignant neoplasm of right spermatic cord								
C63.12	Malignant neoplasm of left spermatic cord								
C63.02	Malignant neoplasm of left epididymis								
C63.2	Malignant neoplasm of scrotum								
C63.7	Malignant neoplasm of other specified male genital organs								
C63.8	Malignant neoplasm of overlapping sites of male genital organs								
C63.9	Malignant neoplasm of male genital organ, unspecified								
C64.1	Malignant neoplasm of right kidney, except renal pelvis								
C64.2	Malignant neoplasm of left kidney, except renal pelvis								
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis								
C65.1	Malignant neoplasm of right renal pelvis								
C65.2	Malignant neoplasm of left renal pelvis								
C65.9	Malignant neoplasm of unspecified renal pelvis								
C66.1	Malignant neoplasm of right ureter								
C66.2	Malignant neoplasm of left ureter								
C66.9	Malignant neoplasm of unspecified ureter								
C67.0	Malignant neoplasm of trigone of bladder								
C67.1	Malignant neoplasm of dome of bladder								
C67.2	Malignant neoplasm of lateral wall of bladder								
C67.3	Malignant neoplasm of anterior wall of bladder								
C67.4	Malignant neoplasm of posterior wall of bladder								
C67.5	Malignant neoplasm of bladder neck								
C67.6	Malignant neoplasm of ureteric orifice								
C67.7	Malignant neoplasm of urachus								
C67.8	Malignant neoplasm of overlapping sites of bladder								
C67.9	Malignant neoplasm of bladder, unspecified								
C68.0	Malignant neoplasm of urethra								
C68.1	Malignant neoplasm of paraurethral glands								
C68.8	Malignant neoplasm of overlapping sites of urinary organs								
C68.9	Malignant neoplasm of urinary organ, unspecified								
C69.00	Malignant neoplasm of unspecified conjunctiva								
C69.01	Malignant neoplasm of right conjunctiva								
C69.10	Malignant neoplasm of unspecified cornea								
C69.11	Malignant neoplasm of right cornea								
C69.12	Malignant neoplasm of left cornea								
C69.02	Malignant neoplasm of left conjunctiva								
C69.20	Malignant neoplasm of unspecified retina								
C69.21	Malignant neoplasm of right retina								
C69.22	Malignant neoplasm of left retina								
C69.30	Malignant neoplasm of unspecified choroid								
C69.31	Malignant neoplasm of right choroid								
C69.32	Malignant neoplasm of left choroid								
C69.40	Malignant neoplasm of unspecified ciliary body								
C69.41	Malignant neoplasm of right ciliary body								
C69.42	Malignant neoplasm of left ciliary body								
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct								
C69.51	Malignant neoplasm of right lacrimal gland and duct								
C69.52	Malignant neoplasm of left lacrimal gland and duct								
C69.60	Malignant neoplasm of unspecified orbit								
C69.61	Malignant neoplasm of right orbit								
C69.62	Malignant neoplasm of left orbit								
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa								
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa								
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa								
C69.90	Malignant neoplasm of unspecified site of unspecified eye								
C69.91	Malignant neoplasm of unspecified site of right eye								
C69.92	Malignant neoplasm of unspecified site of left eye								
C70.0	Malignant neoplasm of cerebral meninges								
C70.1	Malignant neoplasm of spinal meninges								
C70.9	Malignant neoplasm of meninges, unspecified								
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles								
C71.1	Malignant neoplasm of frontal lobe								
C71.2	Malignant neoplasm of temporal lobe								
C71.3	Malignant neoplasm of parietal lobe								
C71.4	Malignant neoplasm of occipital lobe								
C71.5	Malignant neoplasm of cerebral ventricle								
C71.6	Malignant neoplasm of cerebellum								
C71.7	Malignant neoplasm of brain stem								
C71.8	Malignant neoplasm of overlapping sites of brain								
C71.9	Malignant neoplasm of brain, unspecified								
C72.0	Malignant neoplasm of spinal cord								
C72.1	Malignant neoplasm of cauda equina								
C72.20	Malignant neoplasm of unspecified olfactory nerve								
C72.21	Malignant neoplasm of right olfactory nerve								
C72.22	Malignant neoplasm of left olfactory nerve								
C72.30	Malignant neoplasm of unspecified optic nerve								
C72.31	Malignant neoplasm of right optic nerve								
C72.32	Malignant neoplasm of left optic nerve								
C72.40	Malignant neoplasm of unspecified acoustic nerve								
C72.41	Malignant neoplasm of right acoustic nerve								
C72.42	Malignant neoplasm of left acoustic nerve								
C72.50	Malignant neoplasm of unspecified cranial nerve								
C72.59	Malignant neoplasm of other cranial nerves								
C72.9	Malignant neoplasm of central nervous system, unspecified								
C73	Malignant neoplasm of thyroid gland								
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland								
C74.01	Malignant neoplasm of cortex of right adrenal gland								
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland								
C74.11	Malignant neoplasm of medulla of right adrenal gland								
C74.12	Malignant neoplasm of medulla of left adrenal gland								
C74.02	Malignant neoplasm of cortex of left adrenal gland								
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland								
C74.91	Malignant neoplasm of unspecified part of right adrenal gland								
C74.92	Malignant neoplasm of unspecified part of left adrenal gland								
C75.0	Malignant neoplasm of parathyroid gland								
C75.1	Malignant neoplasm of pituitary gland								
C75.2	Malignant neoplasm of craniopharyngeal duct								
C75.3	Malignant neoplasm of pineal gland								
C75.4	Malignant neoplasm of carotid body								
C75.5	Malignant neoplasm of aortic body and other paraganglia								
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified								
C75.9	Malignant neoplasm of endocrine gland, unspecified								
C76.0	Malignant neoplasm of head, face and neck								
C76.1	Malignant neoplasm of thorax								
C76.2	Malignant neoplasm of abdomen								
C76.3	Malignant neoplasm of pelvis								
C76.40	Malignant neoplasm of unspecified upper limb								
C76.41	Malignant neoplasm of right upper limb								
C76.42	Malignant neoplasm of left upper limb								
C76.50	Malignant neoplasm of unspecified lower limb								
C76.51	Malignant neoplasm of right lower limb								
C76.52	Malignant neoplasm of left lower limb								
C76.8	Malignant neoplasm of other specified ill-defined sites								
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck								
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes								
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes								
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes								
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes								
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes								
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions								
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified								
C78.00	Secondary malignant neoplasm of unspecified lung								
C78.01	Secondary malignant neoplasm of right lung								
C78.1	Secondary malignant neoplasm of mediastinum								
C78.02	Secondary malignant neoplasm of left lung								
C78.2	Secondary malignant neoplasm of pleura								
C78.30	Secondary malignant neoplasm of unspecified respiratory organ								
C78.39	Secondary malignant neoplasm of other respiratory organs								
C78.4	Secondary malignant neoplasm of small intestine								
C78.5	Secondary malignant neoplasm of large intestine and rectum								
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum								
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct								
C78.80	Secondary malignant neoplasm of unspecified digestive organ								
C78.89	Secondary malignant neoplasm of other digestive organs								
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis								
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis								
C79.10	Secondary malignant neoplasm of unspecified urinary organs								
C79.11	Secondary malignant neoplasm of bladder								
C79.19	Secondary malignant neoplasm of other urinary organs								
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis								
C79.2	Secondary malignant neoplasm of skin								
C79.31	Secondary malignant neoplasm of brain								
C79.32	Secondary malignant neoplasm of cerebral meninges								
C79.40	Secondary malignant neoplasm of unspecified part of nervous system								
C79.49	Secondary malignant neoplasm of other parts of nervous system								
C79.51	Secondary malignant neoplasm of bone								
C79.52	Secondary malignant neoplasm of bone marrow								
C79.60	Secondary malignant neoplasm of unspecified ovary								
C79.61	Secondary malignant neoplasm of right ovary								
C79.62	Secondary malignant neoplasm of left ovary								
C79.63	Secondary malignant neoplasm of bilateral ovaries								
C79.70	Secondary malignant neoplasm of unspecified adrenal gland								
C79.71	Secondary malignant neoplasm of right adrenal gland								
C79.72	Secondary malignant neoplasm of left adrenal gland								
C79.81	Secondary malignant neoplasm of breast								
C79.82	Secondary malignant neoplasm of genital organs								
C79.89	Secondary malignant neoplasm of other specified sites								
C79.9	Secondary malignant neoplasm of unspecified site								
C7A.00	Malignant carcinoid tumor of unspecified site								
C7A.1	Malignant poorly differentiated neuroendocrine tumors								
C7A.010	Malignant carcinoid tumor of the duodenum								
C7A.011	Malignant carcinoid tumor of the jejunum								
C7A.012	Malignant carcinoid tumor of the ileum								
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion								
C7A.020	Malignant carcinoid tumor of the appendix								
C7A.021	Malignant carcinoid tumor of the cecum								
C7A.022	Malignant carcinoid tumor of the ascending colon								
C7A.023	Malignant carcinoid tumor of the transverse colon								
C7A.024	Malignant carcinoid tumor of the descending colon								
C7A.025	Malignant carcinoid tumor of the sigmoid colon								
C7A.026	Malignant carcinoid tumor of the rectum								
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion								
C7A.8	Other malignant neuroendocrine tumors								
C7A.090	Malignant carcinoid tumor of the bronchus and lung								
C7A.091	Malignant carcinoid tumor of the thymus								
C7A.092	Malignant carcinoid tumor of the stomach								
C7A.093	Malignant carcinoid tumor of the kidney								
C7A.094	Malignant carcinoid tumor of the foregut, unspecified								
C7A.095	Malignant carcinoid tumor of the midgut, unspecified								
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified								
C7A.098	Malignant carcinoid tumors of other sites								
C7B.00	Secondary carcinoid tumors, unspecified site								
C7B.01	Secondary carcinoid tumors of distant lymph nodes								
C7B.1	Secondary Merkel cell carcinoma								
C7B.02	Secondary carcinoid tumors of liver								
C7B.03	Secondary carcinoid tumors of bone								
C7B.04	Secondary carcinoid tumors of peritoneum								
C7B.8	Other secondary neuroendocrine tumors								
C7B.09	Secondary carcinoid tumors of other sites								
C80.0	Disseminated malignant neoplasm, unspecified								
C80.1	Malignant (primary) neoplasm, unspecified								
C80.2	Malignant neoplasm associated with transplanted organ								
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site								
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck								
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site								
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck								
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes								
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes								
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb								

C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb										
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes										
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen										
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites										
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites										
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes										
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site										
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck										
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes										
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes										
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb										
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb										
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes										
C81.27	Mixed cellularity Hodgkin lymphoma, spleen										
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites										
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites										
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes										
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site										
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck										
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes										
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes										
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb										
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb										
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes										
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen										
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites										
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites										
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb										
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site										
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck										
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes										
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes										
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb										
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb										
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes										
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen										
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites										
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites										
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb										
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes										
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen										
C81.70	Other Hodgkin lymphoma, unspecified site										
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck										
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes										
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes										
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb										
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb										
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes										
C81.77	Other Hodgkin lymphoma, spleen										
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites										
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites										
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites										
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites										
C81.90	Hodgkin lymphoma, unspecified, unspecified site										
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck										
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes										
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes										
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb										
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb										
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes										
C81.97	Hodgkin lymphoma, unspecified, spleen										
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites										
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites										
C82.00	Follicular lymphoma grade I, unspecified site										
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck										
C82.10	Follicular lymphoma grade II, unspecified site										
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck										
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes										
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes										
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb										
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb										
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes										
C82.17	Follicular lymphoma grade II, spleen										
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites										
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites										
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes										
C82.20	Follicular lymphoma grade III, unspecified, unspecified site										
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck										
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes										
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes										
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb										
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb										
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes										
C82.27	Follicular lymphoma grade III, unspecified, spleen										
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites										
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites										
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes										
C82.30	Follicular lymphoma grade IIIa, unspecified site										
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck										
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes										
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes										
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb										
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb										
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes										
C82.37	Follicular lymphoma grade IIIa, spleen										
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites										
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites										
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb										
C82.40	Follicular lymphoma grade IIIb, unspecified site										
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck										
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes										
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes										
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb										
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb										
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes										
C82.47	Follicular lymphoma grade IIIb, spleen										
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites										
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites										
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb										
C82.50	Diffuse follicle center lymphoma, unspecified site										
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck										
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes										
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes										
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb										
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb										
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes										
C82.57	Diffuse follicle center lymphoma, spleen										
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites										
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites										
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes										
C82.60	Cutaneous follicle center lymphoma, unspecified site										
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck										
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes										
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes										
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb										
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb										
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes										
C82.67	Cutaneous follicle center lymphoma, spleen										
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites										
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites										
C82.07	Follicular lymphoma grade I, spleen										
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites										
C82.80	Other types of follicular lymphoma, unspecified site										
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck										
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes										
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes										
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb										
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb										
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes										
C82.87	Other types of follicular lymphoma, spleen										
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites										
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites										
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites										
C82.90	Follicular lymphoma, unspecified, unspecified site										
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck										
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes										
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes										
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb										
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb										
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes										
C82.97	Follicular lymphoma, unspecified, spleen										
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites										
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites										
C83.00	Small cell B-cell lymphoma, unspecified site										
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck										
C83.10	Mantle cell lymphoma, unspecified site										
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck										
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes										
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes										
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb										
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb										
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes										
C83.17	Mantle cell lymphoma, spleen										
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites										
C83.19	Mantle cell lymphoma, extranodal and solid organ sites										
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes										
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes										
C83.30	Diffuse large B-cell lymphoma, unspecified site										
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck										
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes										
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes										
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb										
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb										
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes										
C83.37	Diffuse large B-cell lymphoma, spleen										
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites										
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb										
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb										
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site										
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck										
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes										
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes										
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb										
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb										
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes										
C83.57	Lymphoblastic (diffuse) lymphoma, spleen										
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites										
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites										
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes										
C83.07	Small cell B-cell lymphoma, spleen										
C83.70	Burkitt lymphoma, unspecified site										
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck										
C83.72	Burkitt lymphoma, intrathoracic lymph nodes										
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes										
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb										
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb										
C83.76	Burkitt lymphoma, intrapelvic lymph nodes										
C83.77	Burkitt lymphoma, spleen										
C83.78	Burkitt lymphoma, lymph nodes of multiple sites										
C83.79	Burkitt lymphoma, extranodal and solid organ sites										
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites										
C83.80	Other non-follicular lymphoma, unspecified site										
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck										
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes										
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes										
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb										
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb										
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes										
C83.87	Other non-follicular lymphoma, spleen										
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites										
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites										
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites										
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site										
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck										
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes										
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes										
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb										
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb										
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes										
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen										
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites										
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites										
C84.00	Mycosis fungoides, unspecified site										
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck										
C84.10	Sezary disease, unspecified site										
C84.11	Sezary disease, lymph nodes of head, face, and neck										
C84.12	Sezary disease, intrathoracic lymph nodes										

C84.13	Sezary disease, intra-abdominal lymph nodes									
C84.14	Sezary disease, lymph nodes of axilla and upper limb									
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb									
C84.16	Sezary disease, intrapelvic lymph nodes									
C84.17	Sezary disease, spleen									
C84.18	Sezary disease, lymph nodes of multiple sites									
C84.19	Sezary disease, extranodal and solid organ sites									
C84.02	Mycosis fungoides, intrathoracic lymph nodes									
C84.03	Mycosis fungoides, intra-abdominal lymph nodes									
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb									
C84.40	Peripheral T-cell lymphoma, not elsewhere classified, unspecified site									
C84.41	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck									
C84.42	Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes									
C84.43	Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes									
C84.44	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb									
C84.45	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb									
C84.46	Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes									
C84.47	Peripheral T-cell lymphoma, not elsewhere classified, spleen									
C84.48	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites									
C84.49	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites									
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb									
C84.06	Mycosis fungoides, intrapelvic lymph nodes									
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site									
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck									
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes									
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes									
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb									
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb									
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes									
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen									
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites									
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites									
C84.07	Mycosis fungoides, spleen									
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site									
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck									
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes									
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes									
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb									
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb									
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes									
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen									
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites									
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites									
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast									
C84.08	Mycosis fungoides, lymph nodes of multiple sites									
C84.09	Mycosis fungoides, extranodal and solid organ sites									
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site									
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck									
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes									
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes									
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb									
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb									
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes									
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen									
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites									
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites									
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site									
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck									
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes									
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes									
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb									
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb									
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes									
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen									
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites									
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites									
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site									
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck									
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes									
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes									
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb									
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb									
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes									
C84.Z7	Other mature T/NK-cell lymphomas, spleen									
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites									
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites									
C85.10	Unspecified B-cell lymphoma, unspecified site									
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck									
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes									
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes									
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb									
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb									
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes									
C85.17	Unspecified B-cell lymphoma, spleen									
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites									
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites									
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site									
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck									
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes									
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes									
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb									
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb									
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes									
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen									
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites									
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites									
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site									
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck									
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes									
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes									
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb									
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb									
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes									
C85.87	Other specified types of non-Hodgkin lymphoma, spleen									
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites									
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites									
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site									
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck									
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes									
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes									
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb									
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb									
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes									
C85.97	Non-Hodgkin lymphoma, unspecified, spleen									
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites									
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites									
C90.00	Multiple myeloma not having achieved remission									
C90.01	Multiple myeloma in remission									
C90.10	Plasma cell leukemia not having achieved remission									
C90.11	Plasma cell leukemia in remission									
C90.12	Plasma cell leukemia in relapse									
C90.02	Multiple myeloma in relapse									
C90.20	Extramedullary plasmacytoma not having achieved remission									
C90.21	Extramedullary plasmacytoma in remission									
C90.22	Extramedullary plasmacytoma in relapse									
C90.30	Solitary plasmacytoma not having achieved remission									
C90.31	Solitary plasmacytoma in remission									
C90.32	Solitary plasmacytoma in relapse									
C91.00	Acute lymphoblastic leukemia not having achieved remission									
C91.01	Acute lymphoblastic leukemia, in remission									
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission									
C91.11	Chronic lymphocytic leukemia of B-cell type in remission									
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse									
C91.02	Acute lymphoblastic leukemia, in relapse									
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission									
C91.31	Prolymphocytic leukemia of B-cell type, in remission									
C91.32	Prolymphocytic leukemia of B-cell type, in relapse									
C91.40	Hairy cell leukemia not having achieved remission									
C91.41	Hairy cell leukemia, in remission									
C91.42	Hairy cell leukemia, in relapse									
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission									
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission									
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse									
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission									
C91.61	Prolymphocytic leukemia of T-cell type, in remission									
C91.62	Prolymphocytic leukemia of T-cell type, in relapse									
C91.90	Lymphoid leukemia, unspecified not having achieved remission									
C91.91	Lymphoid leukemia, unspecified, in remission									
C91.92	Lymphoid leukemia, unspecified, in relapse									
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission									
C91.A1	Mature B-cell leukemia Burkitt-type, in remission									
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse									
C91.Z0	Other lymphoid leukemia not having achieved remission									
C91.Z1	Other lymphoid leukemia, in remission									
C91.Z2	Other lymphoid leukemia, in relapse									
C92.00	Acute myeloblastic leukemia, not having achieved remission									
C92.01	Acute myeloblastic leukemia, in remission									
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission									
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission									
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse									
C92.02	Acute myeloblastic leukemia, in relapse									
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission									
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission									
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse									
C92.30	Myeloid sarcoma, not having achieved remission									
C92.31	Myeloid sarcoma, in remission									
C92.32	Myeloid sarcoma, in relapse									
C92.40	Acute promyelocytic leukemia, not having achieved remission									
C92.41	Acute promyelocytic leukemia, in remission									
C92.42	Acute promyelocytic leukemia, in relapse									
C92.50	Acute myelomonocytic leukemia, not having achieved remission									
C92.51	Acute myelomonocytic leukemia, in remission									
C92.52	Acute myelomonocytic leukemia, in relapse									
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission									
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission									
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse									
C92.90	Myeloid leukemia, unspecified, not having achieved remission									
C92.91	Myeloid leukemia, unspecified in remission									
C92.92	Myeloid leukemia, unspecified in relapse									
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission									
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission									
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse									
C92.Z0	Other myeloid leukemia not having achieved remission									
C92.Z1	Other myeloid leukemia, in remission									
C92.Z2	Other myeloid leukemia, in relapse									
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission									
C93.01	Acute monoblastic/monocytic leukemia, in remission									
C93.10	Chronic myelomonocytic leukemia not having achieved remission									
C93.11	Chronic myelomonocytic leukemia, in remission									
C93.12	Chronic myelomonocytic leukemia, in relapse									
C93.02	Acute monoblastic/monocytic leukemia, in relapse									
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission									
C93.31	Juvenile myelomonocytic leukemia, in remission									
C93.32	Juvenile myelomonocytic leukemia, in relapse									
C93.90	Monocytic leukemia, unspecified, not having achieved remission									
C93.91	Monocytic leukemia, unspecified in remission									
C93.92	Monocytic leukemia, unspecified in relapse									
C93.Z0	Other monocytic leukemia, not having achieved remission									
C93.Z1	Other monocytic leukemia, in remission									
C93.Z2	Other monocytic leukemia, in relapse									
C94.00	Acute erythroid leukemia, not having achieved remission									
C94.01	Acute erythroid leukemia, in remission									
C94.02	Acute erythroid leukemia, in relapse									
C94.20	Acute megakaryoblastic leukemia not having achieved remission									
C94.21	Acute megakaryoblastic leukemia, in remission									
C94.22	Acute megakaryoblastic leukemia, in relapse									
C94.30	Mast cell leukemia not having achieved remission									
C94.31	Mast cell leukemia, in remission									
C94.32	Mast cell leukemia, in relapse									
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission									
C94.41	Acute panmyelosis with myelofibrosis, in remission									
C94.42	Acute panmyelosis with myelofibrosis, in relapse									
C94.6	Myelodysplastic disease, not elsewhere classified									
C94.80	Other specified leukemias not having achieved remission									
C94.81	Other specified leukemias, in remission									
C94.82	Other specified leukemias, in relapse									
C95.00	Acute leukemia of unspecified cell type not having achieved remission									
C95.01	Acute leukemia of unspecified cell type, in remission									
C95.10	Chronic leukemia of unspecified cell type not having achieved remission									
C95.11	Chronic leukemia of unspecified cell type, in remission									
C95.12	Chronic leukemia of unspecified cell type, in relapse									
C95.02	Acute leukemia of unspecified cell type, in relapse									
C95.90	Leukemia, unspecified not having achieved remission									
C95.91	Leukemia, unspecified, in remission									
C95.92	Leukemia, unspecified, in relapse									
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis									
C96.20	Malignant mast cell neoplasm, unspecified									

C96.21	Aggressive systemic mastocytosis										
C96.22	Mast cell sarcoma										
C96.29	Other malignant mast cell neoplasm										
C96.4	Sarcoma of dendritic cells (accessory cells)										
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis										
C96.6	Unifocal Langerhans-cell histiocytosis										
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified										
C96.A	Histiocytic sarcoma										
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue										
D00.00	Carcinoma in situ of oral cavity, unspecified site										
D00.01	Carcinoma in situ of labial mucosa and vermilion border										
D00.1	Carcinoma in situ of esophagus										
D00.02	Carcinoma in situ of buccal mucosa										
D00.2	Carcinoma in situ of stomach										
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge										
D00.04	Carcinoma in situ of soft palate										
D00.05	Carcinoma in situ of hard palate										
D00.06	Carcinoma in situ of floor of mouth										
D00.07	Carcinoma in situ of tongue										
D00.08	Carcinoma in situ of pharynx										
D01.0	Carcinoma in situ of colon										
D01.1	Carcinoma in situ of rectosigmoid junction										
D01.2	Carcinoma in situ of rectum										
D01.3	Carcinoma in situ of anus and anal canal										
D01.40	Carcinoma in situ of unspecified part of intestine										
D01.49	Carcinoma in situ of other parts of intestine										
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts										
D01.7	Carcinoma in situ of other specified digestive organs										
D01.9	Carcinoma in situ of digestive organ, unspecified										
D02.0	Carcinoma in situ of larynx										
D02.1	Carcinoma in situ of trachea										
D02.20	Carcinoma in situ of unspecified bronchus and lung										
D02.21	Carcinoma in situ of right bronchus and lung										
D02.22	Carcinoma in situ of left bronchus and lung										
D02.3	Carcinoma in situ of other parts of respiratory system										
D02.4	Carcinoma in situ of respiratory system, unspecified										
D03.0	Melanoma in situ of lip										
D03.10	Melanoma in situ of unspecified eyelid, including canthus										
D03.111	Melanoma in situ of right upper eyelid, including canthus										
D03.112	Melanoma in situ of right lower eyelid, including canthus										
D03.121	Melanoma in situ of left upper eyelid, including canthus										
D03.122	Melanoma in situ of left lower eyelid, including canthus										
D03.20	Melanoma in situ of unspecified ear and external auricular canal										
D03.21	Melanoma in situ of right ear and external auricular canal										
D03.22	Melanoma in situ of left ear and external auricular canal										
D03.30	Melanoma in situ of unspecified part of face										
D03.39	Melanoma in situ of other parts of face										
D03.4	Melanoma in situ of scalp and neck										
D03.51	Melanoma in situ of anal skin										
D03.52	Melanoma in situ of breast (skin) (soft tissue)										
D03.59	Melanoma in situ of other part of trunk										
D03.60	Melanoma in situ of unspecified upper limb, including shoulder										
D03.61	Melanoma in situ of right upper limb, including shoulder										
D03.62	Melanoma in situ of left upper limb, including shoulder										
D03.70	Melanoma in situ of unspecified lower limb, including hip										
D03.71	Melanoma in situ of right lower limb, including hip										
D03.72	Melanoma in situ of left lower limb, including hip										
D03.8	Melanoma in situ of other sites										
D03.9	Melanoma in situ, unspecified										
D04.0	Carcinoma in situ of skin of lip										
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus										
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus										
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus										
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus										
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus										
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal										
D04.21	Carcinoma in situ of skin of right ear and external auricular canal										
D04.22	Carcinoma in situ of skin of left ear and external auricular canal										
D04.30	Carcinoma in situ of skin of unspecified part of face										
D04.39	Carcinoma in situ of skin of other parts of face										
D04.4	Carcinoma in situ of skin of scalp and neck										
D04.5	Carcinoma in situ of skin of trunk										
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder										
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder										
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder										
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip										
D04.71	Carcinoma in situ of skin of right lower limb, including hip										
D04.72	Carcinoma in situ of skin of left lower limb, including hip										
D04.8	Carcinoma in situ of skin of other sites										
D04.9	Carcinoma in situ of skin, unspecified										
D05.00	Lobular carcinoma in situ of unspecified breast										
D05.01	Lobular carcinoma in situ of right breast										
D05.10	Intraductal carcinoma in situ of unspecified breast										
D05.11	Intraductal carcinoma in situ of right breast										
D05.12	Intraductal carcinoma in situ of left breast										
D05.02	Lobular carcinoma in situ of left breast										
D05.80	Other specified type of carcinoma in situ of unspecified breast										
D05.81	Other specified type of carcinoma in situ of right breast										
D05.82	Other specified type of carcinoma in situ of left breast										
D05.90	Unspecified type of carcinoma in situ of unspecified breast										
D05.91	Unspecified type of carcinoma in situ of right breast										
D05.92	Unspecified type of carcinoma in situ of left breast										
D06.0	Carcinoma in situ of endocervix										
D06.1	Carcinoma in situ of exocervix										
D06.7	Carcinoma in situ of other parts of cervix										
D06.9	Carcinoma in situ of cervix, unspecified										
D07.0	Carcinoma in situ of endometrium										
D07.1	Carcinoma in situ of vulva										
D07.2	Carcinoma in situ of vagina										
D07.30	Carcinoma in situ of unspecified female genital organs										
D07.39	Carcinoma in situ of other female genital organs										
D07.4	Carcinoma in situ of penis										
D07.5	Carcinoma in situ of prostate										
D07.60	Carcinoma in situ of unspecified male genital organs										
D07.61	Carcinoma in situ of scrotum										
D07.69	Carcinoma in situ of other male genital organs										
D09.0	Carcinoma in situ of bladder										
D09.10	Carcinoma in situ of unspecified urinary organ										
D09.19	Carcinoma in situ of other urinary organs										
D09.20	Carcinoma in situ of unspecified eye										
D09.21	Carcinoma in situ of right eye										
D09.22	Carcinoma in situ of left eye										
D09.3	Carcinoma in situ of thyroid and other endocrine glands										
D09.8	Carcinoma in situ of other specified sites										
D09.9	Carcinoma in situ, unspecified										
C81.0A	Nodular lymphocyte predominant Hodgkin lymphoma, in remission										
C81.1A	Nodular sclerosis Hodgkin lymphoma, in remission										
C81.2A	Mixed cellularity Hodgkin lymphoma, in remission										
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission										
C81.4A	Lymphocyte-rich Hodgkin lymphoma, in remission										
C81.7A	Other Hodgkin lymphoma, in remission										
C81.9A	Hodgkin lymphoma, unspecified, in remission										
C82.0A	Follicular lymphoma grade I, in remission										
C82.1A	Follicular lymphoma grade II, in remission										
C82.2A	Follicular lymphoma grade III, unspecified, in remission										
C82.3A	Follicular lymphoma grade IIIa, in remission										
C82.4A	Follicular lymphoma grade IIIb, in remission										
C82.5A	Diffuse follicle center lymphoma, in remission										
C82.6A	Cutaneous follicle center lymphoma, in remission										
C82.8A	Other types of follicular lymphoma, in remission										
C82.9A	Follicular lymphoma, unspecified, in remission										
C83.0A	Small cell B-cell lymphoma, in remission										
C83.1A	Mantle cell lymphoma, in remission										
C83.390	Primary central nervous system lymphoma										
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites										
C83.3A	Diffuse large B-cell lymphoma, in remission										
C83.5A	Lymphoblastic (diffuse) lymphoma, in remission										
C83.7A	Burkitt lymphoma, in remission										
C83.8A	Other non-follicular lymphoma, in remission										
C83.9A	Non-follicular (diffuse) lymphoma, unspecified, in remission										
C84.0A	Mycosis fungoides, in remission										
C84.1A	Sezary disease, in remission										
C84.4A	Peripheral T-cell lymphoma, not elsewhere classified, in remission										
C84.6A	Anaplastic large cell lymphoma, ALK-positive, in remission										
C84.7B	Anaplastic large cell lymphoma, ALK-negative, in remission										
C84.9A	Mature T/NK-cell lymphomas, unspecified, in remission										
C84.AA	Cutaneous T-cell lymphoma, unspecified, in remission										
C84.ZA	Other mature T/NK-cell lymphomas, in remission										
C85.1A	Unspecified B-cell lymphoma, in remission										
C85.2A	Mediastinal (thymic) large B-cell lymphoma, in remission										
C85.8A	Other specified types of non-Hodgkin lymphoma, in remission										
C85.9A	Non-Hodgkin lymphoma, unspecified, in remission										
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission										
C86.01	Extranodal NK/T-cell lymphoma, nasal type, in remission										
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission										
C86.11	Hepatosplenic T-cell lymphoma, in remission										
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission										
C86.21	Enteropathy-type (intestinal) T-cell lymphoma, in remission										
C86.30	Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission										
C86.31	Subcutaneous panniculitis-like T-cell lymphoma, in remission										
C86.40	Blastic NK-cell lymphoma not having achieved remission										
C86.41	Blastic NK-cell lymphoma, in remission										
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission										
C86.51	Angioimmunoblastic T-cell lymphoma, in remission										
C86.60	Primary cutaneous CD30-positive T-cell proliferations not having achieved remission										
C86.61	Primary cutaneous CD30-positive T-cell proliferations, in remission										
C88.00	Waldenstrom macroglobulinemia not having achieved remission										
C88.01	Waldenstrom macroglobulinemia, in remission										
C88.20	Heavy chain disease not having achieved remission										
C88.21	Heavy chain disease, in remission										
C88.30	Immunoproliferative small intestinal disease not having achieved remission										
C88.31	Immunoproliferative small intestinal disease, in remission										
C88.40	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission										
C88.41	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission										
C88.80	Other malignant immunoproliferative diseases not having achieved remission										
C88.81	Other malignant immunoproliferative diseases, in remission										
C88.90	Malignant immunoproliferative disease, unspecified not having achieved remission										
C88.91	Malignant immunoproliferative disease, unspecified, in remission										
E34.00	Carcinoid syndrome, unspecified										
E34.01	Carcinoid heart syndrome										
E34.09	Other carcinoid syndrome										

For Oncology Scope:
***Outpatient settings**
***Inpatient setting for CAR-T therapy only**
***Pharmacy benefit drugs only when requested as part of a combined drug regimen with other Medical benefit drugs**
***Adult members with cancer diagnosis**

CODE	DESCRIPTION	BRAND NAME (IF APPLICABLE)	Category	ADDITIONAL NOTES
21601	EXCISION CH WAL TUM INC RIB(S)		Cardiology	
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC		Cardiology	
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC		Cardiology	
21620	OSTECTOMY STERNUM PARTIAL		Cardiology	
21627	STERNAL DEBRIDEMENT		Cardiology	
21630	RADICAL RESECTION STERNUM		Cardiology	
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC		Cardiology	
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX		Cardiology	
27600	DCMPRN FASCT LEG ANT and /LAT COMPARTMENTS ONLY		Cardiology	
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY		Cardiology	
27602	DCMPRN FASCT LEG ANT and /LAT and PST CMPRT		Cardiology	
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA		Cardiology	
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA		Cardiology	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA		Cardiology	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL		Cardiology	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL		Cardiology	
32098	THORACOTOMY W/BIOPSY OF PLEURA		Cardiology	
32100	THORACOTOMY WITH EXPLORATION		Cardiology	
32110	THORCOM CTRL TRAUMTC HEMRRG and /RPR LNG TEAR		Cardiology	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS		Cardiology	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS		Cardiology	
32140	THORCOM W/REMOVAL OF CYST		Cardiology	
32141	THORACOTOMY W/RESECTION BULLAE		Cardiology	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP		Cardiology	
32151	THORCOM W/RMVL IPUL FB		Cardiology	
32160	THORACOTOMY W/CARDIAC MASSAGE		Cardiology	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST		Cardiology	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX		Cardiology	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE		Cardiology	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC		Cardiology	
32440	REMOVAL OF LUNG PNEUMONECTOMY		Cardiology	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA		Cardiology	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL		Cardiology	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT		Cardiology	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC		Cardiology	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY		Cardiology	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY		Cardiology	
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC		Cardiology	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG		Cardiology	

32501	RESCJ and BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY		Cardiology	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ		Cardiology	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ		Cardiology	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL		Cardiology	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL		Cardiology	
32507	THORACOTOMY W/DX WEDGE RESEXN and ANTOM LUNG RESE		Cardiology	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY		Cardiology	
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX		Cardiology	
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX		Cardiology	
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX		Cardiology	
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL		Cardiology	
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL		Cardiology	
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA		Cardiology	
32650	THORACOSCOPY W/PLEURODESIS		Cardiology	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION		Cardiology	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS		Cardiology	
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT		Cardiology	
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE		Cardiology	
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX		Cardiology	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY		Cardiology	
32658	THORACOSCOPY W/PARIETAL PLEURECTOMY		Cardiology	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC		Cardiology	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS		Cardiology	
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS		Cardiology	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE		Cardiology	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY		Cardiology	
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE		Cardiology	
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT		Cardiology	
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL		Cardiology	
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN		Cardiology	
32669	THORACOSCOPY W/SEGMENTECTOMY		Cardiology	
32670	THORACOSCOPY W/BILOBECTOMY		Cardiology	
32671	THORACOSCOPY W/PNEUMONECTOMY		Cardiology	
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL		Cardiology	
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL		Cardiology	
32674	THORCOSCPY W/MEDIASTINL and REGIONL LYMPHDENECTOMY		Cardiology	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL		Cardiology	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA		Cardiology	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA		Cardiology	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC		Cardiology	

32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES		Cardiology	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL		Cardiology	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL		Cardiology	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX		Cardiology	
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR		Cardiology	
32997	TOTAL LUNG LAVAGE UNILATERAL		Cardiology	
32998	ABLATION THER 1 PLUS PULM TUMORS PERQ RADIOFREQUENCY		Cardiology	
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED		Cardiology	
33017	PERQ PRCRD DRG 6YR Plus W/O CONGENITAL CAR ANOMALY		Cardiology	
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY		Cardiology	
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT		Cardiology	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY		Cardiology	
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX		Cardiology	
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS		Cardiology	
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS		Cardiology	
33050	RESECTION PERICARDIAL CYST/TUMOR		Cardiology	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP		Cardiology	
33130	RESECTION EXTERNAL CARDIAC TUMOR		Cardiology	
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX		Cardiology	
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX		Cardiology	
33202	INSERTION EPICARDIAL ELECTRODE OPEN		Cardiology	
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC		Cardiology	
33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL		Cardiology	
33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR		Cardiology	
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT		Cardiology	
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH		Cardiology	
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX		Cardiology	
33212	INS PM PLS GEN W EXIST SINGLE LEAD		Cardiology	
33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS		Cardiology	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS		Cardiology	
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE		Cardiology	
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB		Cardiology	
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB		Cardiology	
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB		Cardiology	
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB		Cardiology	
33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS		Cardiology	
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER		Cardiology	
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR		Cardiology	
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN		Cardiology	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN		Cardiology	

33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD		Cardiology	
33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD		Cardiology	
33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS		Cardiology	
33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD		Cardiology	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS		Cardiology	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS		Cardiology	
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY		Cardiology	
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR		Cardiology	
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS		Cardiology	
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS		Cardiology	
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY		Cardiology	
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY		Cardiology	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD		Cardiology	
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY		Cardiology	
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM		Cardiology	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ		Cardiology	
33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR		Cardiology	
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS		Cardiology	
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS		Cardiology	
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED		Cardiology	
33255	ABLATION and RCNSTJ ATRIA EXTNSV W/O BYPASS		Cardiology	
33256	ABLATION and RCNSTJ ATRIA EXTNSV W/BYPASS		Cardiology	
33257	ATRIA ABLATE and RCNSTJ W/OTHER PROCEDURE LIMITE		Cardiology	
33258	ATRIA ABLTJ and RCNSTJ W/OTHER PX EXTENSIV W/O BYP		Cardiology	
33259	ATRIA ABLTJ and RCNSTJ W/OTHER PX EXTEN W/BYPASS		Cardiology	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS		Cardiology	
33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD		Cardiology	
33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD		Cardiology	
33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD		Cardiology	
33265	NDSC ABLATION and RCNSTJ ATRIA LIMITED W/O BYPAS		Cardiology	
33266	NDSC ABLATION and RCNSTJ ATRIA EXTEN W/O BYPASS		Cardiology	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD		Cardiology	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD		Cardiology	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH		Cardiology	
33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD		Cardiology	
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE		Cardiology	
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE		Cardiology	
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB		Cardiology	
33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG		Cardiology	

33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR		Cardiology	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG		Cardiology	
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR		Cardiology	
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR		Cardiology	
33300	REPAIR CARDIAC WOUND W/O BYPASS		Cardiology	
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS		Cardiology	
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP		Cardiology	
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP		Cardiology	
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP		Cardiology	
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS		Cardiology	
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS		Cardiology	
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS		Cardiology	
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS		Cardiology	
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT		Cardiology	
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH		Cardiology	
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH		Cardiology	
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH		Cardiology	
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH		Cardiology	
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH		Cardiology	
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE		Cardiology	
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH		Cardiology	
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH		Cardiology	
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH		Cardiology	
33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ		Cardiology	
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE		Cardiology	
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX		Cardiology	
33404	CONSTRUCTION APICAL-AORTIC CONDUIT		Cardiology	
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT		Cardiology	
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND		Cardiology	
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE		Cardiology	
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS		Cardiology	
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE		Cardiology	
33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR		Cardiology	
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC		Cardiology	
33415	RESECTION/INCISION SUBVALVULAR TISSUE		Cardiology	
33416	VENTRICULOMYOTOMY-MYECTOMY		Cardiology	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS		Cardiology	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS		Cardiology	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS		Cardiology	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART		Cardiology	

33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS		Cardiology	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS		Cardiology	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING		Cardiology	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING		Cardiology	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP		Cardiology	
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE		Cardiology	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP		Cardiology	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION		Cardiology	
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION		Cardiology	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS		Cardiology	
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY		Cardiology	
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY		Cardiology	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS		Cardiology	
33475	REPLACEMENT PULMONARY VALVE		Cardiology	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY		Cardiology	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH		Cardiology	
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ		Cardiology	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS		Cardiology	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS		Cardiology	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS		Cardiology	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION		Cardiology	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT		Cardiology	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP		Cardiology	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL		Cardiology	
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA		Cardiology	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ		Cardiology	
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG		Cardiology	
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX		Cardiology	
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT		Cardiology	
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS		Cardiology	
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS		Cardiology	
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS		Cardiology	
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS		Cardiology	
33516	CORONARY ARTERY BYPASS 6/ Plus CORONARY VENOUS GRAFT		Cardiology	
33517	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN		Cardiology	
33518	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN		Cardiology	
33519	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN		Cardiology	
33521	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 4 VEIN		Cardiology	
33522	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 5 VEIN		Cardiology	

33523	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 6 VEIN		Cardiology	
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ		Cardiology	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT		Cardiology	
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS		Cardiology	
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS		Cardiology	
33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS		Cardiology	
33542	MYOCARDIAL RESECTION		Cardiology	
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT		Cardiology	
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD		Cardiology	
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD		Cardiology	
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH		Cardiology	
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH		Cardiology	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX		Cardiology	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT		Cardiology	
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT		Cardiology	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR		Cardiology	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ		Cardiology	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX		Cardiology	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX		Cardiology	
33619	RPR 1 VNTRC W/O/F OBSTRCJ and AORTIC ARCH HYPOPLAS		Cardiology	
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND		Cardiology	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT		Cardiology	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY		Cardiology	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH		Cardiology	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG		Cardiology	
33647	RPR ATRIAL and VENTRIC SEPTAL DFCT DIR/PATCH CLS		Cardiology	
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR		Cardiology	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR		Cardiology	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE		Cardiology	
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS		Cardiology	
33676	CLOSURE MULTIPLE VSD W/RESECTION		Cardiology	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND		Cardiology	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH		Cardiology	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ		Cardiology	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET		Cardiology	
33690	BANDING PULMONARY ARTERY		Cardiology	
33692	Complete Repair Tetralogy of Fallot without Pulmonary atresia		Cardiology	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH		Cardiology	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA		Cardiology	
33702	RPR SINUS VALSALVA FISTULA		Cardiology	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT		Cardiology	

33720	RPR SINUS VALSALVA ANEURYSM		Cardiology	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN		Cardiology	
33726	REPAIR PULMONARY VENOUS STENOSIS		Cardiology	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN		Cardiology	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB		Cardiology	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART		Cardiology	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS		Cardiology	
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION		Cardiology	
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD		Cardiology	
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT		Cardiology	
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL		Cardiology	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY		Cardiology	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY		Cardiology	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY		Cardiology	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT		Cardiology	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG		Cardiology	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS		Cardiology	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA		Cardiology	
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT		Cardiology	
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT		Cardiology	
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS		Cardiology	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND		Cardiology	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT		Cardiology	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC		Cardiology	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ		Cardiology	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND		Cardiology	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT		Cardiology	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ		Cardiology	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ		Cardiology	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA		Cardiology	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS		Cardiology	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY		Cardiology	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX		Cardiology	
33802	DIVISION ABERRANT VESSEL VASCULAR RING		Cardiology	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS		Cardiology	
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS		Cardiology	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS		Cardiology	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION		Cardiology	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER		Cardiology	
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS		Cardiology	

33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT		Cardiology	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET		Cardiology	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS		Cardiology	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS		Cardiology	
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ		Cardiology	
33863	AS-AORT GRF W/CARD BYP and AORTIC ROOT RPLCMT		Cardiology	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL		Cardiology	
33866	AORTIC HEMIARCH GRAFT W/ISOL and CTRL ARCH VESSELS		Cardiology	
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA		Cardiology	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS		Cardiology	
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS		Cardiology	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH		Cardiology	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN		Cardiology	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN		Cardiology	
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN		Cardiology	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA		Cardiology	
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT		Cardiology	
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC		Cardiology	
33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH		Cardiology	
33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH		Cardiology	
33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA		Cardiology	
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI		Cardiology	
33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI		Cardiology	
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL		Cardiology	
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL		Cardiology	
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims.
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS		Cardiology	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS		Cardiology	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS		Cardiology	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT		Cardiology	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT		Cardiology	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS		Cardiology	
33924	LIG and TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART		Cardiology	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS		Cardiology	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS		Cardiology	
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART		Cardiology	

34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY		Cardiology	
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART		Cardiology	
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC		Cardiology	
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART		Cardiology	
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART		Cardiology	
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC		Cardiology	
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC		Cardiology	
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC		Cardiology	
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL and LEG		Cardiology	
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC		Cardiology	
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN		Cardiology	
34501	VALVULOPLASTY FEMORAL VEIN		Cardiology	
34502	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS		Cardiology	
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR		Cardiology	
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM		Cardiology	
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS		Cardiology	
34701	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART		Cardiology	
34702	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC		Cardiology	
34703	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART		Cardiology	
34704	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART		Cardiology	
34705	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC		Cardiology	
34706	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC		Cardiology	
34707	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC		Cardiology	
34708	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL and LEG		Cardiology	
34709	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC		Cardiology	
34710	THRMBC DIR/W/CATH AXILL and SUBCLAVIAN VEIN ARM IN		Cardiology	
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL		Cardiology	
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I		Cardiology	
34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT		Cardiology	
34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH		Cardiology	
34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI		Cardiology	
34716	EVASC RPR DPLMNT AORTO-AORTIC NDGFT		Cardiology	
34717	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT		Cardiology	
34718	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT		Cardiology	
34808	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT		Cardiology	
34812	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT		Cardiology	
34813	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT		Cardiology	
34820	EVASC RPR DPLMNT ILIO-ILIAC NDGFT		Cardiology	
34830	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT		Cardiology	
34831	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR		Cardiology	

34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL		Cardiology	
34833	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL		Cardiology	
34834	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I		Cardiology	
34839	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT		Cardiology	
34841	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH		Cardiology	
34842	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI		Cardiology	
34843	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ		Cardiology	
34844	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI		Cardiology	
34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI		Cardiology	
34846	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE		Cardiology	
34847	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI		Cardiology	
34848	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR		Cardiology	
35001	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI		Cardiology	
35002	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH		Cardiology	
35005	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH		Cardiology	
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION		Cardiology	
35013	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP		Cardiology	
35021	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI		Cardiology	
35022	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT		Cardiology	
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY		Cardiology	
35081	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT		Cardiology	
35082	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT		Cardiology	
35091	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT		Cardiology	
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS		Cardiology	
35102	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS		Cardiology	
35103	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS		Cardiology	
35111	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS		Cardiology	
35112	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY		Cardiology	
35121	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY		Cardiology	
35122	DIR RPR ANEURYSM VERTEBRAL ARTERY		Cardiology	
35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION		Cardiology	
35132	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS		Cardiology	
35141	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY		Cardiology	
35142	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN		Cardiology	
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY		Cardiology	
35152	DIR RPR ANEURYSM ABDOMINAL AORTA		Cardiology	
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK		Cardiology	
35182	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS		Cardiology	
35184	RPR CONGENITAL AV FISTULA EXTREMITIES		Cardiology	

35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK		Cardiology	
35189	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS		Cardiology	
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES		Cardiology	
35201	REPAIR BLOOD VESSEL DIRECT NECK		Cardiology	
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY		Cardiology	
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER		Cardiology	
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY		Cardiology	
35216	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY		Cardiology	
35221	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY		Cardiology	
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY		Cardiology	
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK		Cardiology	
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY		Cardiology	
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP		Cardiology	
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP		Cardiology	
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL		Cardiology	
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY		Cardiology	
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK		Cardiology	
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY		Cardiology	
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP		Cardiology	
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP		Cardiology	
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL		Cardiology	
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY		Cardiology	
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC		Cardiology	
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY		Cardiology	
35303	TEAEC W/GRAFT POPLITEAL ARTERY		Cardiology	
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY		Cardiology	
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL		Cardiology	
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART		Cardiology	
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC		Cardiology	
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL		Cardiology	
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA		Cardiology	
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL		Cardiology	
35351	TEAEC W/WO PATCH GRAFT ILIAC		Cardiology	
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL		Cardiology	
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC		Cardiology	
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL		Cardiology	
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL		Cardiology	
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL		Cardiology	
35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO		Cardiology	
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ		Cardiology	

35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX		Cardiology	
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID		Cardiology	
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID		Cardiology	
35508	BYPASS W/VEIN CAROTID-VERTEBRAL		Cardiology	
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID		Cardiology	
35510	BYPASS W/VEIN CAROTID-BRACHIAL		Cardiology	
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN		Cardiology	
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL		Cardiology	
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL		Cardiology	
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY		Cardiology	
35518	BYPASS W/VEIN AXILLARY-AXILLARY		Cardiology	
35521	BYPASS W/VEIN AXILLARY-FEMORAL		Cardiology	
35522	BYPASS W/VEIN AXILLARY-BRACHIAL		Cardiology	
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL		Cardiology	
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL		Cardiology	
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE		Cardiology	
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC		Cardiology	
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL		Cardiology	
35535	BYPASS W/VEIN HEPATORENAL		Cardiology	
35536	BYPASS W/VEIN SPLENORENAL		Cardiology	
35537	BYPASS W/VEIN AORTOILIAC		Cardiology	
35538	BYPASS W/VEIN AORTOBI-ILIAC		Cardiology	
35539	BYPASS W/VEIN AORTOFEMORAL		Cardiology	
35540	BYPASS W/VEIN AORTOBIFEMORAL		Cardiology	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL		Cardiology	
35558	BYPASS W/VEIN FEMORAL-FEMORAL		Cardiology	
35560	BYPASS W/VEIN AORTORENAL		Cardiology	
35563	BYPASS W/VEIN ILIOILIAC		Cardiology	
35565	BYPASS W/VEIN ILIOFEMORAL		Cardiology	
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL		Cardiology	
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL		Cardiology	
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL		Cardiology	
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX		Cardiology	
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL		Cardiology	
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART		Cardiology	
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL		Cardiology	
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB		Cardiology	
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID		Cardiology	
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN		Cardiology	
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN		Cardiology	
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY		Cardiology	
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL		Cardiology	
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL		Cardiology	
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE		Cardiology	
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL		Cardiology	
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC		Cardiology	
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC		Cardiology	
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL		Cardiology	
35636	BYP OTH/THN VEIN SPLENORENAL		Cardiology	

35637	BYP OTH/THN VEIN AORTOILIAC		Cardiology	
35638	BYP OTH/THN VEIN AORTOBI-ILIAC		Cardiology	
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL		Cardiology	
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL		Cardiology	
35646	BYP OTH/THN VEIN AORTOBIFEMORAL		Cardiology	
35647	BYP OTH/THN VEIN AORTOFEMORAL		Cardiology	
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY		Cardiology	
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL		Cardiology	
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL		Cardiology	
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL		Cardiology	
35663	BYP OTH/THN VEIN ILIOILIAC		Cardiology	
35665	BYP OTH/THN VEIN ILIOFEMORAL		Cardiology	
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL		Cardiology	
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART		Cardiology	
35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN		Cardiology	
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS		Cardiology	
35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION		Cardiology	
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT		Cardiology	
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO		Cardiology	
35691	TRPOS and /RIMPLTJ VERTEBRAL CAROTID ART		Cardiology	
35693	TRPOS and /RIMPLTJ VERTEBRAL SUBCLAVIAN ART		Cardiology	
35694	TRPOS and /RIMPLTJ SUBCLAVIAN CAROTID ART		Cardiology	
35695	TRPOS and /RIMPLTJ CAROTID SUBCLAVIAN ART		Cardiology	
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART		Cardiology	
35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION		Cardiology	
35701	EXPLORATION N/FLWD SURG NECK ARTERY		Cardiology	
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY		Cardiology	
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY		Cardiology	
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK		Cardiology	
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH		Cardiology	
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD		Cardiology	
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR		Cardiology	
35870	RPR GRF-ENTERIC FSTL		Cardiology	
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL		Cardiology	
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF		Cardiology	
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP		Cardiology	
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS		Cardiology	
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT		Cardiology	
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT		Cardiology	
35901	EXCISION INFECTED NECK GRAFT		Cardiology	
35903	EXCISION INFECTED GRAFT EXTREMITY		Cardiology	
35905	EXCISION INFECTED GRAFT THORAX		Cardiology	
35907	EXCISION INFECTED GRAFT ABDOMEN		Cardiology	
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN		Cardiology	
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM		Cardiology	

36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH		Cardiology	
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA		Cardiology	
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH		Cardiology	
36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY		Cardiology	
36200	INTRODUCTION CATHETER AORTA		Cardiology	
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH		Cardiology	
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH		Cardiology	
36217	SLCTV CATHJ 3RD Plus ORD SLCTV THRC/BRCH/CPHLC BRNCH		Cardiology	
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)		Cardiology	Evolent responsible for claims. PA not required.
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART		Cardiology	
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART		Cardiology	
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART		Cardiology	
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART		Cardiology	
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY		Cardiology	
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY		Cardiology	
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH		Cardiology	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH		Cardiology	
36247	SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH		Cardiology	
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)		Cardiology	Evolent responsible for claims. PA not required.
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN		Cardiology	
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL		Cardiology	
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I		Cardiology	
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I		Cardiology	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN		Cardiology	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS		Cardiology	

36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN		Cardiology	
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS		Cardiology	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN		Cardiology	
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS		Cardiology	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN		Cardiology	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS		Cardiology	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN		Cardiology	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS		Cardiology	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN		Cardiology	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN		Cardiology	
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN		Cardiology	
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL		Cardiology	
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR		Cardiology	
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS		Cardiology	
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS		Cardiology	
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS		Cardiology	
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT		Cardiology	
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF		Cardiology	
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF		Cardiology	
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF		Cardiology	
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF		Cardiology	
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF		Cardiology	
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE		Cardiology	
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS		Cardiology	
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES		Cardiology	
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS		Cardiology	
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH		Cardiology	
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH		Cardiology	
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST		Cardiology	
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)		Cardiology	Evolent responsible for claims. PA not required.

37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN		Cardiology	
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX		Cardiology	
37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I		Cardiology	
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&		Cardiology	
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I		Cardiology	
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING		Cardiology	
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX		Cardiology	
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX		Cardiology	
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX		Cardiology	
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL		Cardiology	
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ		Cardiology	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ		Cardiology	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE		Cardiology	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE		Cardiology	
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL		Cardiology	
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY		Cardiology	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI		Cardiology	
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL		Cardiology	
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL		Cardiology	
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL		Cardiology	
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI		Cardiology	
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL		Cardiology	
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL		Cardiology	
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL		Cardiology	

37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL		Cardiology	
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST		Cardiology	
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I		Cardiology	
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I		Cardiology	
37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT		Cardiology	
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE		Cardiology	
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART		Cardiology	

37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN		Cardiology	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX		Cardiology	
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE		Cardiology	
37565	LIGATION INTERNAL JUGULAR VEIN		Cardiology	
37600	LIGATION EXTERNAL CAROTID ARTERY		Cardiology	
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY		Cardiology	
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION		Cardiology	
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA		Cardiology	
37609	LIGATION/BIOPSY TEMPORAL ARTERY		Cardiology	
37618	LIGATION MAJOR ARTERY EXTREMITY		Cardiology	
37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I		Cardiology	
37650	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&		Cardiology	
37660	LIGATION OF COMMON ILIAC VEIN		Cardiology	
37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ		Cardiology	
37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN		Cardiology	
37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW		Cardiology	
37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS		Cardiology	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG		Cardiology	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG		Cardiology	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS		Cardiology	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS		Cardiology	
37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX		Cardiology	
37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG		Cardiology	

38746	THORCOM THRC W/MEDSTNL and REGIONAL LMPHADEC		Cardiology	
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR		Cardiology	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR		Cardiology	
39200	RESECTION OF MEDIASTINAL CYST		Cardiology	
39220	RESECTION MEDIASTINAL TUMOR		Cardiology	
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY		Cardiology	
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES		Cardiology	
75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST		Cardiology	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING		Cardiology	
75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ		Cardiology	
75563	CARDIAC MRI W W O CONTRAST W STRESS		Cardiology	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING		Cardiology	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM		Cardiology	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH		Cardiology	
75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D		Cardiology	
75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST		Cardiology	
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I		Cardiology	
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I		Cardiology	
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I		Cardiology	
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I		Cardiology	
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I		Cardiology	
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I		Cardiology	
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I		Cardiology	
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I		Cardiology	
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I		Cardiology	
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I		Cardiology	
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I		Cardiology	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS		Cardiology	
76932	US ENDOMYOCARDIAL BIOPSY RS AND I		Cardiology	
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY		Cardiology	
76984	DX INTRAOP THORACIC AORTA US		Cardiology	
76987	DX INTRAOP EPICAR CAR US CHD		Cardiology	
76988	DX NTROP EPCR US CHD IMG ACQ		Cardiology	
76989	DX INTRAOP EPCAR US CHD I&R		Cardiology	
78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM		Cardiology	
78428	CARDIAC SHUNT DETECTION		Cardiology	
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT		Cardiology	
78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT		Cardiology	
78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT		Cardiology	
78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER		Cardiology	

78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT		Cardiology	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS		Cardiology	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES		Cardiology	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES		Cardiology	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES		Cardiology	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION		Cardiology	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN		Cardiology	
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ		Cardiology	
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ		Cardiology	
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS		Cardiology	
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT		Cardiology	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT		Cardiology	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT		Cardiology	
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS		Cardiology	
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS		Cardiology	
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT		Cardiology	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH		Cardiology	
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH		Cardiology	
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH		Cardiology	
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH		Cardiology	
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL		Cardiology	

92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL		Cardiology	
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL		Cardiology	
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL		Cardiology	
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX		Cardiology	
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL		Cardiology	
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL		Cardiology	
92972	PERQ TRLUML CORONRY LITHOTRP		Cardiology	
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY		Cardiology	
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX		Cardiology	
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH		Cardiology	
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION		Cardiology	
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE		Cardiology	
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE		Cardiology	
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE		Cardiology	
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL		Cardiology	
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R		Cardiology	

93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R		Cardiology	
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY		Cardiology	
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY		Cardiology	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS		Cardiology	
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I		Cardiology	No PA
93225	XTRNL ECG & 48 HR RECORDING		Cardiology	No PA
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT		Cardiology	No PA
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS		Cardiology	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS		Cardiology	
93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT		Cardiology	
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I		Cardiology	
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING		Cardiology	
93243	EXTERNAL ECG REC GT 48HR LT 7D RECORDING		Cardiology	
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION		Cardiology	
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I		Cardiology	
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING		Cardiology	
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT		Cardiology	
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION		Cardiology	
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM		Cardiology	
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB		Cardiology	
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D		Cardiology	
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS		Cardiology	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS		Cardiology	
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS		Cardiology	
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS		Cardiology	
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER		Cardiology	
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER		Cardiology	
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER		Cardiology	
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB		Cardiology	
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB		Cardiology	
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB		Cardiology	
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM		Cardiology	
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM		Cardiology	
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB		Cardiology	
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM		Cardiology	
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB		Cardiology	
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS		Cardiology	
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM		Cardiology	
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR		Cardiology	

93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL		Cardiology	
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional		Cardiology	Evolent responsible for claims. PA not required.
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY		Cardiology	
93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY		Cardiology	
93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D		Cardiology	
93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP		Cardiology	
93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD		Cardiology	
93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R		Cardiology	
93313	ECHO R-T 2D W PROBE PLACEMENT ONLY		Cardiology	
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY		Cardiology	
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R		Cardiology	
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY		Cardiology	
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT		Cardiology	
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ		Cardiology	
93319	3D ECHO IMG and PST-PXESSING TEE/TTE CGEN CAR ANOMAL		Cardiology	
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY		Cardiology	
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)		Cardiology	Evolent responsible for claims. PA not required.
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING		Cardiology	
93350	ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST		Cardiology	
93351	ECHO TTHRC R-T 2D W M-MODE REST AND STRS CONT ECG		Cardiology	
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN		Cardiology	
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)		Cardiology	Evolent responsible for claims. PA not required.
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT		Cardiology	
93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I		Cardiology	
93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I		Cardiology	
93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I		Cardiology	
93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I		Cardiology	
93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I		Cardiology	
93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I		Cardiology	
93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I		Cardiology	

93459	CATH PLMT L HRT ARTS GRFTS WNJX AND ANGIO IMG S AND I		Cardiology	
93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG		Cardiology	
93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I		Cardiology	
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE		Cardiology	
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING		Cardiology	
93505	ENDOMYOCARDIAL BIOPSY		Cardiology	
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93567	NJX SUPRAVALV AORTOG HRT CATH W/S AND I		Cardiology	
93568	NJX PULMONARY ANGIO HRT CATH W/S AND I		Cardiology	
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.

93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT		Cardiology	
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT		Cardiology	
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS		Cardiology	
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER		Cardiology	
93584	VNGRPH CHD ANOM/PERSIST SVC		Cardiology	
93585	VNGRPH CHD AZYGS/HEMIAZYGS		Cardiology	
93586	VNGRPH CHD CORONARY SINUS		Cardiology	
93587	VNGRPH CHD VNVN CLTRL AT/ABV		Cardiology	
93588	VNGRPH CHD VNVN CLTRL BELOW		Cardiology	
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE		Cardiology	
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE		Cardiology	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93593	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ		Cardiology	
93594	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ		Cardiology	
93595	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ		Cardiology	
93596	R and L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ		Cardiology	
93597	R and L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ		Cardiology	
93598	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT		Cardiology	
93600	BUNDLE OF HIS RECORDING		Cardiology	

93602	INTRA-ATRIAL RECORDING		Cardiology	
93603	RIGHT VENTRICULAR RECORDING		Cardiology	
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93610	INTRA-ATRIAL PACING		Cardiology	
93612	INTRAVENTRICULAR PACING		Cardiology	
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING		Cardiology	
93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS		Cardiology	
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG		Cardiology	
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING		Cardiology	
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION		Cardiology	
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION		Cardiology	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93623	PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS		Cardiology	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT		Cardiology	
93631	INTRAOP EPICAR AND ENDOCAR PACG AND MAPG		Cardiology	
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE		Cardiology	
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN		Cardiology	
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS		Cardiology	
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR		Cardiology	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION		Cardiology	
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA		Cardiology	
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA		Cardiology	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN		Cardiology	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)		Cardiology	Evolent responsible for claims. PA not required.
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR		Cardiology	

93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S AND I		Cardiology	
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM		Cardiology	
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R		Cardiology	
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL		Cardiology	
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT		Cardiology	
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW		Cardiology	
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY		Cardiology	
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY		Cardiology	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI		Cardiology	
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL		Cardiology	
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS		Cardiology	
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI		Cardiology	
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY		Cardiology	
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY		Cardiology	
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY		Cardiology	
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY		Cardiology	
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY		Cardiology	
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY		Cardiology	
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM		Cardiology	
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE		Cardiology	
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD		Cardiology	
93990	DUPLEX SCAN HEMODIALYSIS ACCESS		Cardiology	
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose		Cardiology	Evolent responsible for claims. PA not required.
A9505	Thallium		Cardiology	Evolent responsible for claims. PA not required.
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi		Cardiology	Evolent responsible for claims. PA not required.
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi		Cardiology	Evolent responsible for claims. PA not required.
A9540	Technetium Tc-99m macroaggregated albumin, diagNstic, per study dose, up to 10 millicuries		Cardiology	Evolent responsible for claims. PA not required.
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries		Cardiology	Evolent responsible for claims. PA not required.
A9555	Rubidium Rb-82		Cardiology	Evolent responsible for claims. PA not required.
A9560	Technetium Tc-99M Labeled Rbc Dx Up To 30Mci		Cardiology	Evolent responsible for claims. PA not required.
A9700	Supply of injectable contrast material for use in echocardiography, per study		Cardiology	Evolent responsible for claims. PA not required.
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH		Cardiology	
J0153	Nuclear Stress Test/ Myocardial Perfusion Imaging Mpi-Injection, AdeNsine for DiagNstic Use, 1Mg (Nt To Be Used To Report any AdeNsine Phosphate Compunds, Instead Use A9270)		Cardiology	Evolent responsible for claims. PA not required.
J0280	Injection Aminophyllin up to 250 mg		Cardiology	Evolent responsible for claims. PA not required.
J1245	Injection, dipyridamole - Nuclear Stress Test / Myocardial Perfusion Imaging (MPI)		Cardiology	Evolent responsible for claims. PA not required.
J1250	Injection, dobutamine HCl - Nuclear Stress Test / Myocardial Perfusion Imaging (MPI)		Cardiology	Evolent responsible for claims. PA not required.
J2785	RegadeNson for DiagNstic Use		Cardiology	Evolent responsible for claims. PA not required.

38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY		Oncology	
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS		Oncology	
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN		Oncology	
38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION		Oncology	
J2468	Injection, palonosetron HCl (Posfrea), 25 mcg	PALONOSETRON	Oncology	No PA required
J2802	INJECTION ROMIPLOSTIM 10 MCG	NPLATE	Oncology	
J8611	METHOTREXATE ORAL SOLUTION	JYLAMVO	Oncology	No PA required
J8999	MERCAPTOPURINE	PURINETHOL	Oncology	
J8999	MERCAPTOPURINE ORAL SUSPENSION	PURIXAN	Oncology	
J9026	TARLATAMAB INJECTION	IMDELLTRA	Oncology	
J9028	NOGAPENDEKIN ALFA INBAKICEPT-PMLN INJECTION	ANKTIVA	Oncology	
J9292	PEMETREXED (AVYXA) INJECTION	AXTLE	Oncology	
J9370	VINCRISTINE SULFATE 1 MG	Vincasar PFS	Oncology	
J9999	BORTEZOMIB INJECTION IV/SQ	BORUZU	Oncology	
J9999	ATEZOLIZUMAB HYALURONIDASE TQJS INJECTION	TECENTRIQ HYBREZA	Oncology	
A9513	LUTETIUM LU 177 DOTATATE	LUTATHERA	Pharmaceutical	
A9543	IBRITUMOMAB TIUXETAN	ZEVALIN	Pharmaceutical	
A9590	IOBENGUANE I 131	AZEDRA	Pharmaceutical	
A9600	STRONTIUM 89	METASTRON	Pharmaceutical	
A9604	SAMARIUM SM 153 LEXIDRONAM PENTASODIUM INJECTION	QUADRAMET	Pharmaceutical	
A9606	RADIUM RA 223 DICHLORIDE	XOFIGO	Pharmaceutical	
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	PLUVICTO	Pharmaceutical	
A9699	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN INJECTION	PLUVICTO	Pharmaceutical	
C9047	CAPLACIZUMAB-YHDP INJECTION	CABLIVI	Pharmaceutical	
C9163	INJ TALQUETAMAB-TGVS 0.25 MG		Pharmaceutical	
C9293	GLUCARPIDASE	VORAXAZE	Pharmaceutical	
J0185	APREPITANT INJECTION	CINVANTI	Pharmaceutical	
J0202	ALEMTUZUMAB INJECTION	CAMPATH	Pharmaceutical	Currently off market
J0207	INJECTION AMIFOSTINE 500 MG	ETHYOL	Pharmaceutical	
J0630	CALCITONIN SALMON	MIACALCIN	Pharmaceutical	
J0641	LEVOLEUCOVORIN CALCIUM INJECTION	FUSILEV	Pharmaceutical	
J0642	LEVOLEUCOVORIN	KHAPZORY	Pharmaceutical	
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	ARANESP	Pharmaceutical	
J0885	EPOETIN ALFA FOR NON-ESRD (EPOGEN)	EPOGEN	Pharmaceutical	
J0885	EPOETIN ALFA FOR NON-ESRD (PROCRIT)	PROCRIT	Pharmaceutical	
J0888	EPOETIN BETA; NON-ESRD (MIRCERA)	MIRCERA	Pharmaceutical	
J0893	INJ, DECITABINE (SUN PHARMA)		Pharmaceutical	
J0894	INJECTION DECITABINE 1 MG	DACOGEN	Pharmaceutical	
J0896	LUSPATERCEPT-AAMT	REBLOZYL	Pharmaceutical	
J0897	DENOSUMAB PROLIA INJECTION	PROLIA	Pharmaceutical	
J0897	DENOSUMAB XGEVA INJECTION	XGEVA	Pharmaceutical	
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	ZINECARD	Pharmaceutical	
J1260	DOLASETRON MESYLATE	ANZEMET	Pharmaceutical	
J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG		Pharmaceutical	
J1437	FERRIC DERISOMALTOSE INJECTION	MONOFERRIC	Pharmaceutical	
J1437	FERRIC DERISOMALTOSE INJECTION (20MG/KG)	MONOFERRIC (20MG/KG)	Pharmaceutical	
J1439	FERRIC CARBOXYMALTOSE	INJECTAFER	Pharmaceutical	
J1439	FERRIC CARBOXYMALTOSE (15MG/KG)	INJECTAFER (15MG/KG)	Pharmaceutical	
J1442	FILGRASTIM G-CSF 1 MCG INJECTION	NEUPOGEN	Pharmaceutical	
J1447	TBO-FILGRASTIM	GRANIX	Pharmaceutical	
J1448	TRILACICLIB INJECTION	COSELA	Pharmaceutical	

J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG		Pharmaceutical	
J1454	FOSNETUPITANT/PALONOSETRON (INJECTION)	AKYNZEO {INJECTION}	Pharmaceutical	
J1456	FOSAPREPITANT (TEVA) INJECTION	EMEND	Pharmaceutical	
J1459	IMMUNE GLOBULIN (PRIVIGEN) INJECTION	PRIVIGEN	Pharmaceutical	
J1554	IMMUNE GLOBULIN (ASCENIV) INJECTION	ASCENIV	Pharmaceutical	
J1556	IMMUNE GLOBULIN (BIVIGAM) INJECTION	BIVIGAM	Pharmaceutical	
J1557	IMMUNE GLOBULIN (GAMMAPLEX) INJECTION	GAMMAPLEX	Pharmaceutical	
J1561	IMMUNE GLOBULIN (GAMMAKED) INJECTION	GAMMAKED	Pharmaceutical	
J1561	IMMUNE GLOBULIN (GAMUNEX) INJECTION	GAMUNEX	Pharmaceutical	
J1561	IMMUNE GLOBULIN (GAMUNEX-C) INJECTION	GAMUNEX-C	Pharmaceutical	
J1566	IMMUNE GLOBULIN (CARIMUNE NF) INJECTION	CARIMUNE NF	Pharmaceutical	
J1566	IMMUNE GLOBULIN, POWDER	IMMUNE GLOBULIN	Pharmaceutical	
J1568	IMMUNE GLOBULIN (OCTAGAM) INJECTION	OCTAGAM	Pharmaceutical	
J1569	IMMUNE GLOBULIN (GAMMAGARD) INJECTION	GAMMAGARD	Pharmaceutical	
J1572	IMMUNE GLOBULIN (FLEBOGAMMA) INJECTION	FLEBOGAMMA	Pharmaceutical	
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG		Pharmaceutical	
J1599	IMMUNE GLOBULIN (PANZYGA) INJECTION	PANZYGA	Pharmaceutical	
J1627	GRANISETRON HCL EXTENDED RELEASE INJECTION	SUSTOL	Pharmaceutical	
J1740	INJECTION IBANDRONATE SODIUM 1 MG	BONIVA	Pharmaceutical	(No PA for Evolent)
J1756	INJECTION IRON SUCROSE 1 MG		Pharmaceutical	No PA Required. Evolent reviews with regimen.
J1930	LANREOTIDE	SOMATULINE DEPOT	Pharmaceutical	
J1932	LANREOTIDE	CIPLA	Pharmaceutical	
J1950	LEUPROLIDE ACETATE INJECTION	LUPRON DEPOT	Pharmaceutical	
J1952	LEUPROLIDE INJECTION	CAMCEVI	Pharmaceutical	
J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)		Pharmaceutical	
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	APHEXDA	Pharmaceutical	
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	SANDOSTATIN LAR DEPOT	Pharmaceutical	
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	SANDOSTATIN	Pharmaceutical	
J2354	OCTREOTIDE ACETATE NON- DEPOT INJECTION	BYNFEZIA PEN	Pharmaceutical	
J2506	PEGFILGRASTIM DELIVERY KIT (ON-BODY INJECTOR)	NEULASTA	Pharmaceutical	
J2506	PEGFILGRASTIM INJECTION	NEULASTA	Pharmaceutical	
J2562	PLERIXAFOR INJECTION	MOZOBIL	Pharmaceutical	
J2783	INJECTION RASBURICASE 0.5 MG	ELITEK	Pharmaceutical	
J2797	ROLAPITANT	VARUBI	Pharmaceutical	Currently off market
J2820	INJECTION SARGRAMOSTIM 50 MCG	LEUKINE	Pharmaceutical	
J2860	SILTUXIMAB	SYLVANT	Pharmaceutical	
J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG		Pharmaceutical	
J3111	ROMOSOZUMAB-AQQG	EVENITY	Pharmaceutical	
J3315	TRIPTORELIN PAMOATE INJECTION	TRELSTAR	Pharmaceutical	
J3489	ZOLEDRONIC ACID / ZOMETA INJECTION 4MG/5ML	ZOMETA 4MG/5ML	Pharmaceutical	No PA required

J3489	ZOLEDRONIC ACID RECLAST INJECTION	RECLAST	Pharmaceutical	No PA required
J3490	OCTREOTIDE ACETATE NON- DEPOT INJECTION	BYNFEZIA PEN	Pharmaceutical	
J3590	CAPLACIZUMAB-YHDP INJECTION	CABLIVI	Pharmaceutical	
J3590	GLUCARPIDASE	VORAXAZE	Pharmaceutical	
J3590	DENOSUMAB-BBDZ	JUBBONTI	Pharmaceutical	
J3590	DENOSUMAB-BBDZ	WYOST	Pharmaceutical	
J3590	INJECTION FILGRASTIM-TXID	NYPOZI	Pharmaceutical	
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE		Pharmaceutical	
J7527	EVEROLIMUS ORAL	AFINITOR	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8499	ANAGRELIDE	AGRYLIN	Pharmaceutical	
J8499	AVATROMBOPAG	DOPTELET	Pharmaceutical	
J8499	ELTROMBOPAG ORAL SUSPENSION	PROMACTA ORAL SUSPENSION	Pharmaceutical	
J8499	ELTROMBOPAG TABLET	PROMACTA TABLET	Pharmaceutical	
J8499	FERRIC MALTOL	ACCRUFER	Pharmaceutical	
J8499	FOSTAMATINIB	TAVALISSE	Pharmaceutical	
J8499	LEUCOVORIN ORAL	LEUCOVORIN	Pharmaceutical	
J8499	LUSUTROMBOPAG	MULPLETA	Pharmaceutical	
J8501	APREPITANT ORAL 5 MG	EMEND	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8501	APREPITANT ORAL SUSPENSION	EMEND	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8501	APREPITANT TRIPAK 125-80 MG CAP	EMEND TRIPAK 125-80 MG CAP	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8510	BUSULFAN ORAL 2 MG	MYLERAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8520	CAPECITABINE ORAL 150 MG	XELODA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8521	CAPECITABINE ORAL 500 MG	XELODA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	CYTOXAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8560	ETOPOSIDE ORAL	ETOPOSIDE ORAL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8565	GEFITINIB	IRESSA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8600	MELPHALAN ORAL 2 MG	ALKERAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8610	METHOTREXATE ORAL 2.5 MG	METHOTREXATE	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8650	NABILONE ORAL	CESAMET	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8655	NETUPITANT/PALONOSETRON (ORAL)	AKYNZEO (ORAL)	Pharmaceutical	
J8670	ROLAPITANT, ORAL, 1 MG	VARUBI	Pharmaceutical	
J8700	TEMOZOLOMIDE ORAL 5 MG	TEMODAR	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8705	TOPOTECAN ORAL 0.25 MG	HYCAMTIN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8999	ABEMACICLIB	VERZENIO	Pharmaceutical	
J8999	ABIRATERONE ACETATE 250MG TABLET	ZYTIGA 250MG TABLET	Pharmaceutical	
J8999	ABIRATERONE ACETATE 500MG TABLET	ZYTIGA 500MG TABLET	Pharmaceutical	
J8999	ABIRATERONE MICRONIZED	YONSA	Pharmaceutical	
J8999	ACALABRUTINIB	CALQUENCE	Pharmaceutical	
J8999	AFATINIB	GILOTRIF	Pharmaceutical	
J8999	ALECTINIB	ALECENSA	Pharmaceutical	
J8999	ALPELISIB	PIQRAY	Pharmaceutical	
J8999	ANASTROZOLE	ARIMIDEX	Pharmaceutical	
J8999	APALUTAMIDE	ERLEADA	Pharmaceutical	
J8999	ASCIMINIB	SCEMBLIX	Pharmaceutical	
J8999	AVAPRITINIB	AYVAKIT	Pharmaceutical	
J8999	AXITINIB	INLYTA	Pharmaceutical	
J8999	AZACITIDINE ORAL	ONUREG	Pharmaceutical	
J8999	BEXAROTENE	TARGRETIN	Pharmaceutical	

J8999	BICALUTAMIDE	CASODEX	Pharmaceutical	
J8999	BINIMETINIB	MEKTOVI	Pharmaceutical	
J8999	BOSUTINIB	BOSULIF	Pharmaceutical	
J8999	BRIGATINIB	ALUNBRIG	Pharmaceutical	
J8999	CABOZANTINIB	COMETRIQ	Pharmaceutical	
J8999	CABOZANTINIB (CABOMETYX)	CABOMETYX	Pharmaceutical	
J8999	CAPMATINIB TABLET	TABRECTA	Pharmaceutical	
J8999	CERITINIB	ZYKADIA	Pharmaceutical	
J8999	COBIMETINIB	COTELLIC	Pharmaceutical	
J8999	CRIZOTINIB	XALKORI	Pharmaceutical	
J8999	DABRAFENIB	TAFINLAR	Pharmaceutical	
J8999	DACOMITINIB	VIZIMPRO	Pharmaceutical	
J8999	DAROLUTAMIDE	NUBEQA	Pharmaceutical	
J8999	DASATINIB	SPRYCEL	Pharmaceutical	
J8999	DECITABINE 35MG-CEDAZURIDINE 100MG	INQOVI	Pharmaceutical	
J8999	DUVELISIB	COPIKTRA	Pharmaceutical	
J8999	ENASIDENIB	IDHIFA	Pharmaceutical	
J8999	ENCORAFENIB	BRAFTOVI	Pharmaceutical	
J8999	ENTRECTINIB	ROZLYTREK	Pharmaceutical	
J8999	ENZALUTAMIDE	XTANDI	Pharmaceutical	
J8999	ERDAFITINIB	BALVERSA	Pharmaceutical	
J8999	ERLOTINIB	TARCEVA	Pharmaceutical	
J8999	ESTRAMUSTINE	EMCYT	Pharmaceutical	
J8999	EVEROLIMUS ORAL	AFINITOR	Pharmaceutical	
J8999	EXEMESTANE	AROMASIN	Pharmaceutical	
J8999	FEDRATINIB	INREBIC	Pharmaceutical	
J8999	FLUTAMIDE	EULEXIN	Pharmaceutical	
J8999	FUTIBATINIB	LYTGOBI	Pharmaceutical	
J8999	GILTERITINIB	XOSPATA	Pharmaceutical	
J8999	GLASDEGIB	DAURISMO	Pharmaceutical	
J8999	HYDROXYUREA	HYDREA	Pharmaceutical	
J8999	IBRUTINIB	IMBRUVICA	Pharmaceutical	
J8999	IDELALISIB	ZYDELIG	Pharmaceutical	
J8999	IMATINIB MESYLATE	GLEEVEC	Pharmaceutical	
J8999	INFIGRATINIB	TRUSELTIQ	Pharmaceutical	
J8999	IVOSIDENIB	TIBSOVO	Pharmaceutical	
J8999	IXAZOMIB	NINLARO	Pharmaceutical	
J8999	LAPATINIB	TYKERB	Pharmaceutical	
J8999	LAROTRECTINIB	VITRAKVI	Pharmaceutical	
J8999	LENALIDOMIDE	REVLIMID	Pharmaceutical	
J8999	LENVATINIB	LENVIMA	Pharmaceutical	
J8999	LETROZOLE	FEMARA	Pharmaceutical	
J8999	LORLATINIB	LORBRENA	Pharmaceutical	

J8999	MEGESTROL ACETATE 625MG/5ML SUSPENSION	MEGACE ES	Pharmaceutical	
J8999	MERCAPTOPURINE	PURINETHOL/PURIXAN	Pharmaceutical	
J8999	MESNA ORAL	MESNEX	Pharmaceutical	
J8999	MIDOSTAURIN	RYDAPT	Pharmaceutical	
J8999	MITOTANE	LYSODREN	Pharmaceutical	
J8999	NERATINIB	NERLYNX	Pharmaceutical	
J8999	NILOTINIB	TASIGNA	Pharmaceutical	
J8999	NILUTAMIDE	NILANDRON	Pharmaceutical	
J8999	NIRAPARIB	ZEJULA	Pharmaceutical	
J8999	OLAPARIB TABS	LYNPARZA	Pharmaceutical	
J8999	OLUTASIDENIB ORAL	REZLIDHIA	Pharmaceutical	
J8999	OSIMERTINIB	TAGRISSO	Pharmaceutical	
J8999	PACRITINIB ORAL	VONJO	Pharmaceutical	
J8999	PALBOCICLIB	IBRANCE	Pharmaceutical	
J8999	PANOBINOSTAT	FARYDAK	Pharmaceutical	
J8999	PAZOPANIB	VOTRIENT	Pharmaceutical	
J8999	PEMIGATINIB	PEMAZYRE	Pharmaceutical	
J8999	PEXIDARTINIB HCL	TURALIO	Pharmaceutical	
J8999	POMALIDOMIDE	POMALYST	Pharmaceutical	
J8999	PONATINIB	ICLUSIG	Pharmaceutical	
J8999	PRALSETINIB	GAVRETO	Pharmaceutical	
J8999	PROCARBAZINE	MATULANE	Pharmaceutical	
J8999	RALOXIFENE	EVISTA	Pharmaceutical	
J8999	REGORAFENIB	STIVARGA	Pharmaceutical	
J8999	RELUGOLIX	ORGOVYX	Pharmaceutical	
J8999	RIBOCICLIB	KISQALI	Pharmaceutical	
J8999	RIBOCICLIB -LETROZOLE CO-PACK	KISQALI FEMARA CO-PACK	Pharmaceutical	
J8999	RIPRETINIB	QINLOCK	Pharmaceutical	
J8999	RUCAPARIB	RUBRACA	Pharmaceutical	
J8999	RUXOLITINIB	JAKAFI	Pharmaceutical	
J8999	SELINEXOR	XPOVIO	Pharmaceutical	
J8999	SELPERCATINIB CAPSULE	RETEVMO	Pharmaceutical	
J8999	SELUMETINIB	KOSELUGO	Pharmaceutical	
J8999	SONIDEGIB	ODOMZO	Pharmaceutical	
J8999	SORAFENIB	NEXAVAR	Pharmaceutical	
J8999	SOTORASIB	LUMAKRAS	Pharmaceutical	
J8999	SUNITINIB	SUTENT	Pharmaceutical	
J8999	TALAZOPARIB	TALZENNA	Pharmaceutical	
J8999	TAMOXIFEN	NOLVADEX	Pharmaceutical	
J8999	TAZEMETOSTAT	TAZVERIK	Pharmaceutical	
J8999	TEPOTINIB TABLET	TEPMETKO	Pharmaceutical	
J8999	THALIDOMIDE	THALOMID	Pharmaceutical	
J8999	THIOGUANINE	TABLOID	Pharmaceutical	

J8999	TIVOZANIB	FOTIVDA	Pharmaceutical	
J8999	TOREMIFENE	FARESTON	Pharmaceutical	
J8999	TRAMETINIB	MEKINIST	Pharmaceutical	
J8999	TRETINOIN	TRETINOIN	Pharmaceutical	
J8999	TRIFLURIDINE/TIPIRACIL	LONSURF	Pharmaceutical	
J8999	TUCATINIB	TUKYSA	Pharmaceutical	
J8999	UMBRALISIB TABLET	UKONIQ	Pharmaceutical	
J8999	VANDETANIB	CAPRELSA	Pharmaceutical	
J8999	VEMURAFENIB	ZELBORAF	Pharmaceutical	
J8999	VENETOCLAX	VENCLEXTA	Pharmaceutical	
J8999	VISMODEGIB	ERIVEDGE	Pharmaceutical	
J8999	VORINOSTAT	ZOLINZA	Pharmaceutical	
J8999	ZANUBRUTINIB	BRUKINSA	Pharmaceutical	
J8999	DANICOPAN	VOYDEYA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8999	INVAVOLISIB ORAL	ITOVEBI	Pharmaceutical	
J9000	DOXORUBICIN HCL INJECTION	ADRIAMYCIN	Pharmaceutical	
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	PROLEUKIN	Pharmaceutical	
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	TRISENOX	Pharmaceutical	
J9019	ERWINAZE INJECTION	ERWINAZE	Pharmaceutical	
J9020	ASPARAGINASE, NOS	ASPARAGINASE	Pharmaceutical	
J9021	ASPARAGINASE ERWINIA CHRYSANTHEMI RECOMBINANT-RYWN INJECTION	RYLAZE	Pharmaceutical	
J9022	ATEZOLIZUMAB	TECENTRIQ	Pharmaceutical	
J9023	AVELUMAB	BAVENCIO	Pharmaceutical	
J9025	INJECTION AZACITIDINE 1 MG	VIDAZA	Pharmaceutical	
J9027	INJECTION CLOFARABINE 1 MG	CLOLAR	Pharmaceutical	
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	ADSTILADRIN	Pharmaceutical	
J9030	BCG LIVE INTRAVESICAL VAC	TICE	Pharmaceutical	
J9032	BELINOSTAT	BELEODAQ	Pharmaceutical	
J9033	BENDAMUSTINE INJECTION (TREANDA)	TREANDA	Pharmaceutical	
J9034	BENDAMUSTINE (RAPID INFUSION BENDEKA)	BENDEKA	Pharmaceutical	
J9035	INJECTION BEVACIZUMAB 10 MG	AVASTIN	Pharmaceutical	
J9036	BENDAMUSTINE INJECTION (BELRAPZO)	BELRAPZO	Pharmaceutical	
J9037	BELANTAMAB MAFODOTIN-BLMF INJECTION	BLENREP	Pharmaceutical	
J9039	BLINATUMOMAB	BLINCYTO	Pharmaceutical	
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	BLENOXANE	Pharmaceutical	
J9041	BORTEZOMIB (VELCADE) FOR SQ INJECTION	VELCADE	Pharmaceutical	
J9042	BRENTUXIMAB	ADCETRIS	Pharmaceutical	
J9043	CABAZITAXEL	JEVTANA	Pharmaceutical	
J9045	INJECTION CARBOPLATIN 50 MG	PARAPLATIN	Pharmaceutical	
J9046	INJ, BORTEZOMIB, DR. REDDY'S		Pharmaceutical	
J9047	CARFILZOMIB	KYPROLIS	Pharmaceutical	
J9048	INJ, BORTEZOMIB FRESENIUSKAB		Pharmaceutical	
J9049	INJ, BORTEZOMIB, HOSPIRA		Pharmaceutical	
J9050	INJECTION CARMUSTINE 100 MG	BICNU	Pharmaceutical	
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG		Pharmaceutical	
J9052	INJ, CARMUSTINE (ACCORD)		Pharmaceutical	
J9055	INJECTION CETUXIMAB 10 MG	ERBITUX	Pharmaceutical	
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG		Pharmaceutical	
J9057	COPANLISIB	ALIQOPA	Pharmaceutical	
J9058	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG		Pharmaceutical	
J9059	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG		Pharmaceutical	

J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	PLATINOL	Pharmaceutical	
J9061	AMIVANTAMAB-VMJW INJECTION	RYBREVANT	Pharmaceutical	
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG		Pharmaceutical	
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG		Pharmaceutical	
J9065	INJECTION CLADRIBINE PER 1 MG	LEUSTATIN	Pharmaceutical	
J9071	CYCLOPHOSPHAMIDE INJECTION (AUROMEDICS)	CYTOXAN	Pharmaceutical	
J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), 5 MG		Pharmaceutical	
J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG		Pharmaceutical	
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG		Pharmaceutical	
J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG		Pharmaceutical	
J9098	INJECTION CYTARABINE LIPOSOME 10 MG		Pharmaceutical	[No Active NDCs]
J9100	INJECTION CYTARABINE 100 MG	CYTOSAR-U	Pharmaceutical	
J9118	CALASPARGASE PEGOL-MKNL	ASPARLAS	Pharmaceutical	
J9119	CEMIPLIMAB-RWLC	LIBTAYO	Pharmaceutical	
J9120	INJECTION DACTINOMYCIN 0.5 MG	COSMEGEN	Pharmaceutical	
J9130	DACARBAZINE 100 MG	DTIC-DOME	Pharmaceutical	
J9144	DARATUMUMAB/HYALURONIDASE-FIHJ	DARZALEX FASPRO	Pharmaceutical	
J9145	DARATUMUMAB	DARZALEX	Pharmaceutical	
J9150	INJECTION DAUNORUBICIN 10 MG	DAUNORUBICIN	Pharmaceutical	
J9153	DAUNORUBICIN AND CYTARABINE LIPOSOME	VYXEOS	Pharmaceutical	
J9155	INJECTION DEGARELIX 1 MG	FIRMAGON	Pharmaceutical	
J9171	INJECTION DOCETAXEL 1 MG	TAXOTERE	Pharmaceutical	
J9172	DOCETAXEL (INGENUS), 1 MG		Pharmaceutical	
J9173	DURVALUMAB	IMFINZI	Pharmaceutical	
J9176	ELOTUZUMAB	EMPLICITI	Pharmaceutical	
J9177	ENFORTUMAB VEDOTIN-EJFV	PADCEV	Pharmaceutical	
J9178	EPIRUBICIN	ELLENCE	Pharmaceutical	
J9179	ERIBULIN MESYLATE INJECTION	HALAVEN	Pharmaceutical	
J9181	ETOPOSIDE INJECTION	TOPOSAR	Pharmaceutical	
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	FLUDARA	Pharmaceutical	
J9190	INJECTION FLUOROURACIL 500 MG	ADRUCIL	Pharmaceutical	
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG		Pharmaceutical	
J9198	GEMCITABINE HYDROCHLORIDE INJECTION	INFUGEM	Pharmaceutical	
J9200	INJECTION FLOXURIDINE 500 MG	FUDR	Pharmaceutical	
J9201	INJECTION GEMCITABINE HCL 200 MG	GEMZAR	Pharmaceutical	
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	ZOLADEX	Pharmaceutical	
J9203	GEMTUZUMAB OZOGAMICIN	MYLOTARG	Pharmaceutical	
J9204	MOGAMULIZUMAB - KPKC	POTELIGEO	Pharmaceutical	
J9205	IRINOTECAN LIPOSOME	ONIVYDE	Pharmaceutical	
J9206	INJECTION IRINOTECAN 20 MG	CAMPTOSAR	Pharmaceutical	
J9207	INJECTION IXABEPILONE 1 MG	IXEMPRA KIT	Pharmaceutical	
J9208	INJECTION IFOSFAMIDE 1 G	IFEX	Pharmaceutical	
J9209	INJECTION MESNA 200 MG	MESNEX	Pharmaceutical	
J9211	INJECTION IDARUBICIN HCL 5 MG	IDAMYCIN	Pharmaceutical	
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	INTRON-A	Pharmaceutical	
J9216	INTERFERON GAMMA 1B	ACTIMMUNE	Pharmaceutical	
J9217	LEUPROLIDE ACETATE SUSPENSION (ELIGARD)	ELIGARD	Pharmaceutical	
J9217	LEUPROLIDE ACETATE SUSPENSION (LUPRON DEPOT)	LUPRON DEPOT	Pharmaceutical	
J9218	LEUPROLIDE ACETATE INJECTION	LUPRON INJECTION (SELF-ADMINISTERED)	Pharmaceutical	
J9223	LURBINECTEDIN	ZEPZELCA	Pharmaceutical	
J9225	HISTRELIN IMPLANT VANTAS 50 MG	VANTAS	Pharmaceutical	
J9227	ISATUXIMAB-IRFC	SARCLISA	Pharmaceutical	

J9228	IPILIMUMAB	YERVOY	Pharmaceutical	
J9229	INOTUZUMAB OZOGAMICIN	BESPONSA	Pharmaceutical	
J9230	MECHLORETHAMINE	MUSTARGEN	Pharmaceutical	Currently off market
J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG	ALKERAN	Pharmaceutical	
J9247	MELPHALAN FLUFENAMIDE	PEPAXTO	Pharmaceutical	
J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	HEPZATO	Pharmaceutical	
J9255	INJ, METHOTREXATE (ACCORD)		Pharmaceutical	
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG		Pharmaceutical	
J9260	METHOTREXATE SODIUM INJ 50 MG	METHOTREXATE	Pharmaceutical	
J9261	INJECTION NELARABINE 50 MG	ARRANON	Pharmaceutical	
J9262	OMACETAXINE	SYNRIBO	Pharmaceutical	
J9263	INJECTION OXALIPLATIN 0.5 MG	ELOXATIN	Pharmaceutical	
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	ABRAXANE	Pharmaceutical	
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	ONCASPAR	Pharmaceutical	
J9267	PACLITAXEL INJECTION	TAXOL	Pharmaceutical	
J9268	INJECTION PENTOSTATIN 10 MG	NIPENT	Pharmaceutical	
J9269	TAGRAXOFUSP-ERZS	ELZONRIS	Pharmaceutical	
J9271	PEMBROLIZUMAB	KEYTRUDA	Pharmaceutical	
J9272	DOSTARLIMAB-GXLY INJECTION	JEMPERLI	Pharmaceutical	
J9273	TISOTUMAB VEDOTIN-TFTV	TIVDAK	Pharmaceutical	
J9274	TEBENTAFUSP-TEBN	KIMMTRAK	Pharmaceutical	Effective 10/1/22
J9280	MITOMYCIN 5 MG	MUTAMYCIN	Pharmaceutical	
J9281	MITOMYCIN PYELOCALYCEAL SOLUTION	JELMYTO	Pharmaceutical	
J9285	OLARATUMAB	LARTRUVO	Pharmaceutical	
J9286	INJ, GLOFITAMAB-GXBM, 2.5 MG		Pharmaceutical	
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	NOVANTRONE	Pharmaceutical	
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9295	NECITUMUMAB	PORTRAZZA	Pharmaceutical	
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9298	NIVOLUMAB AND RELATLIMAB-RMBW	OPDUALAG	Pharmaceutical	
J9299	NIVOLUMAB	OPDIVO	Pharmaceutical	
J9301	OBINUTUZUMAB	GAZYVA	Pharmaceutical	
J9302	OFATUMUMAB INJECTION	ARZERRA	Pharmaceutical	
J9303	INJECTION PANITUMUMAB 10 MG	VECTIBIX	Pharmaceutical	
J9304	PEMETREXED INJECTION	PEMFEXY	Pharmaceutical	
J9305	INJECTION PEMETREXED 10 MG	ALIMTA	Pharmaceutical	
J9306	PERTUZUMAB	PERJETA	Pharmaceutical	
J9307	INJECTION PRALATREXATE 1 MG	FOLOTYN	Pharmaceutical	
J9308	RAMUCIRUMAB	CYRAMZA	Pharmaceutical	
J9309	POLATUZUMAB VEDOTIN-PIIQ	POLIVY	Pharmaceutical	
J9311	RITUXIMAB AND HYALURONIDASE HUMAN	RITUXAN HYCELA	Pharmaceutical	
J9312	RITUXIMAB INJECTION	RITUXAN	Pharmaceutical	
J9313	MOXETUMOMAB PASUDOTOX-TDFK	LUMOXITI	Pharmaceutical	
J9314	PEMETREXED (TEVA) INJECTION	PEMETREXED	Pharmaceutical	
J9316	PERTUZUMAB/TRASTUZUMAB/HYALURONIDASE-ZZXF INJECTION	PHESGO	Pharmaceutical	
J9317	SACITUZUMAB GOVITECAN-HZIY	TRODELVY	Pharmaceutical	
J9318	ROMIDEPSIN INJECTION (SOLUTION)	ISTODAX (SOLUTION)	Pharmaceutical	
J9319	ROMIDEPSIN INJECTION (POWDER)	ISTODAX (POWDER)	Pharmaceutical	
J9320	INJECTION STREPTOZOCIN 1 G	ZANOSAR	Pharmaceutical	
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	EPKINLY	Pharmaceutical	
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG		Pharmaceutical	
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG		Pharmaceutical	
J9325	TALIMOGENE LAHERPAREPVEC	IMLYGIC	Pharmaceutical	
J9328	INJECTION TEMOZOLOMIDE 1 MG	TEMODAR	Pharmaceutical	
J9330	INJECTION TEMSIROLIMUS 1 MG	TORISEL	Pharmaceutical	

J9331	SIROLIMUS PROTEINBOUND PARTICLES INJECTION	FYARRO	Pharmaceutical	
J9340	INJECTION THIOTEPA 15 MG	THIOPLEX	Pharmaceutical	
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG		Pharmaceutical	
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG		Pharmaceutical	
J9348	NAXITAMAB-GQGK INJECTION	DANYELZA	Pharmaceutical	
J9349	TAFASITAMAB-CXIX	MONJUVI	Pharmaceutical	
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG		Pharmaceutical	
J9351	INJECTION TOPOTECAN 0.1 MG	HYCAMTIN	Pharmaceutical	
J9352	TRABECTEDIN	YONDELIS	Pharmaceutical	
J9353	MARGETUXIMAB-CMKB	MARGENZA	Pharmaceutical	
J9354	ADO-TRASTUZUMAB EMTANSINE	KADCYLA	Pharmaceutical	
J9355	INJECTION TRASTUZUMAB 10 MG	HERCEPTIN	Pharmaceutical	
J9356	TRASTUZUMAB/HYALURONIDASE-OYSK	HERCEPTIN HYLECTA	Pharmaceutical	
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	VALSTAR	Pharmaceutical	
J9358	FAM-TRASTUZUMAB DERUXTECAN-NXKI	ENHERTU	Pharmaceutical	
J9359	LONCASTUXIMAB TESIRINE-LPYL INJECTION	ZYNLONTA	Pharmaceutical	
J9360	INJECTION VINBLASTINE SULFATE 1 MG	VELBAN	Pharmaceutical	
J9370	VINCRISTINE SULFATE 1 MG	ONCOVIN	Pharmaceutical	
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG		Pharmaceutical	
J9390	INJECTION VINORELBINE TARTRATE 10 MG	NAVELBINE	Pharmaceutical	
J9393	FULVESTRANT (TEVA) INJECTION	FASLODEX	Pharmaceutical	
J9394	FULVESTRANT (FRESNIUS KABI) INJECTION	FASLODEX	Pharmaceutical	
J9395	INJECTION FULVESTRANT 25 MG	FASLODEX	Pharmaceutical	
J9400	INJECTION, ZIV-AFLIBERCEPT	ZALTRAP	Pharmaceutical	
J9600	INJECTION PORFIMER SODIUM 75 MG	PHOTOFRIN	Pharmaceutical	
J9999	BEVACIZUMAB-MALY, BIOSIMILAR	ALYMSYS	Pharmaceutical	
J9999	DINUTUXIMAB	UNITUXIN	Pharmaceutical	
J9999	MIREVETUXIMAB SORAVTANSINE-GYNX INJECTION	MIRVETUXIMAB	Pharmaceutical	
J9999	MIRVETUXIMAB SORAVTANSINE-GYNX	Elahere	Pharmaceutical	
J9999	NIVOLUMAB 240MG-RELALTIMAB 80MG INJECTION	OPDUALAG	Pharmaceutical	
J9999	PEGINTERFERON ALFA-2B (SYLATRON)	SYLATRON	Pharmaceutical	
J9999	ROPEGINTERFERON ALFA-2B-NJFT INJECTION	BESREMI	Pharmaceutical	
J9999	INJECTION, LIFILEUCEL	AMTAGVI	Pharmaceutical	
J9999	TISLELIZUMAB-JSGR INJECTION	TEVIMBRA	Pharmaceutical	
J9999	ANASTROZOLE		Pharmaceutical	
J9999	ZOLBETUXIMAB-CLZB	VYLOY	Pharmaceutical	
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	FERAHEME	Pharmaceutical	
Q0162	ONDANSETRON ORAL SOLUBLE FILM	ZUPLENZ	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0162	ONDANSETRON HCL 8MG ORAL	ZOFRAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0166	GRANISETRON HCL ORAL 1 MG	KYTRIL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0167	DRONABINOL ORAL 2.5MG	DRONABINOL ORAL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0167	DRONABINOL ORAL SOLUTION	MARINOL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0177	HYDROXYZINE PAMOATE 50MG	VISTARIL	Pharmaceutical	
Q0180	DOLASETRON MESYLATE	ANZEMET	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q2017	TENIPOSIDE	TENIPOSIDE	Pharmaceutical	
Q2041	AXICABTAGENE CILOLEUCEL	YESCARTA	Pharmaceutical	
Q2042	TISAGENLECLEUCEL	KYMRIAH	Pharmaceutical	
Q2043	SIPULEUCEL-T AUTO CD5+	PROVENGE	Pharmaceutical	
Q2049	IMPORTED LIPODOX INJ	LIPODOX	Pharmaceutical	

Q2050	LIPOSOMAL DOXORUBICIN	DOXIL	Pharmaceutical	
Q2053	BREXUCABTAGENE AUTOLEUCEL	TECARTUS	Pharmaceutical	
Q2054	LISOCABTAGENE MARALEUCEL INJECTION	BREYANZI	Pharmaceutical	
Q2055	IDECABTAGENE VICLEUCEL INJECTION	ABECMA	Pharmaceutical	
Q2056	CILTACABTAGENE AUTOLEUCEL INJECTION	CARVYKTI	Pharmaceutical	Effective 10/1/22
Q5101	FILGRASTIM-SNDZ	ZARXIO	Pharmaceutical	
Q5106	EPOETIN ALFA-EPBX (RETACRIT BIOSIMILAR)	RETACRIT	Pharmaceutical	
Q5107	BEVACIZUMAB - AWWB	MVASI	Pharmaceutical	
Q5108	PEGFILGRASTIM-JMDB	FULPHILA	Pharmaceutical	
Q5110	FILGRASTIM-AAFI (NIVESTYM BIOSIMILAR)	NIVESTYM	Pharmaceutical	
Q5111	PEGFILGRASTIM-CBQV	UDENYCA	Pharmaceutical	
Q5112	TRASTUZUMAB-DTTB	ONTRUZANT	Pharmaceutical	
Q5113	TRASTUZUMAB-PKRB	HERZUMA	Pharmaceutical	
Q5114	TRASTUZUMAB-DKST	OGIVRI	Pharmaceutical	
Q5115	RITUXIMAB-ABBS	TRUXIMA	Pharmaceutical	
Q5116	TRASTUZUMAB-QYYP	TRAZIMERA	Pharmaceutical	
Q5117	TRASTUZUMAB-ANNS	KANJINTI	Pharmaceutical	
Q5118	BEVACIZUMAB - BVZR	ZIRABEV	Pharmaceutical	
Q5119	RITUXIMAB-PVVR	RUXIENCE	Pharmaceutical	
Q5120	PEGFILGRASTIM-BMEZ	ZIEXTENZO	Pharmaceutical	
Q5122	PEGFILGRASTIM-APGF	NYVEPRIA	Pharmaceutical	
Q5123	RITUXIMAB-ARRX	RIABNI	Pharmaceutical	
Q5125	FILGRASTIM-AYOW	RELEUKO	Pharmaceutical	
Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	ALYMSYS	Pharmaceutical	
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG		Pharmaceutical	
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG		Pharmaceutical	
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG		Pharmaceutical	
S0091/Q0166	GRANISETRON TRANSDERMAL PATCH (3.1 MG/24 HOURS)	SANCUSO	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0156	EXEMESTANE	AROMASIN	Pharmaceutical	
S0170	ANASTROZOLE	ARIMIDEX	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0172	CHLORAMBUCIL	LEUKERAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0175	FLUTAMIDE	EULEXIN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0176	HYDROXYUREA ORAL	SIKLOS/HYDREA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0178	LOMUSTINE	CEENU	Pharmaceutical	No PA Required. Evolent reviews with regimen.

S0179	MEGESTROL ACETATE	MEGACE	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0182	PROCARBAZINE	MATULANE	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0187	TAMOXIFEN	NOLVADEX	Pharmaceutical	No PA Required. Evolent reviews with regimen.
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION		Radiation Oncology	
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION		Radiation Oncology	
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT		Radiation Oncology	
77261	THER RAD TX PLNNING SMPL		Radiation Oncology	
77262	THER RAD TX PLNNING INTRM		Radiation Oncology	
77263	THER RAD TX PLNNING CPLX		Radiation Oncology	
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE		Radiation Oncology	
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED		Radiation Oncology	
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX		Radiation Oncology	
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION		Radiation Oncology	
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS		Radiation Oncology	
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING		Radiation Oncology	
77300	BASIC RADIATION DOSIMETRY CALCULATION		Radiation Oncology	
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS		Radiation Oncology	
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION		Radiation Oncology	
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY		Radiation Oncology	
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL		Radiation Oncology	
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL		Radiation Oncology	
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL		Radiation Oncology	
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY		Radiation Oncology	
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS		Radiation Oncology	
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE		Radiation Oncology	
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE		Radiation Oncology	
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX		Radiation Oncology	
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK		Radiation Oncology	
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN		Radiation Oncology	
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ		Radiation Oncology	
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT		Radiation Oncology	
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR		Radiation Oncology	
77373	STEREOTACTIC BODY RADIATION DELIVERY		Radiation Oncology	
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE		Radiation Oncology	
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX		Radiation Oncology	
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR		Radiation Oncology	
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS		Radiation Oncology	
77401	RADIATION TX DELIVERY SUPERFICIAL and /ORTHO VOLTA		Radiation Oncology	
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE		Radiation Oncology	
77407	RADIATION TX DELIVERY 1 MEV Equal to GT INTERMEDIATE		Radiation Oncology	
77412	RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX		Radiation Oncology	
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)		Radiation Oncology	

77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1 OR GT ISOCENTER		Radiation Oncology	
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS		Radiation Oncology	
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY		Radiation Oncology	
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION		Radiation Oncology	
77435	STEREOTACTIC BODY RADIATION MANAGEMENT		Radiation Oncology	
77470	SPECIAL TREATMENT PROCEDURE		Radiation Oncology	
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT		Radiation Oncology	
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION		Radiation Oncology	
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION		Radiation Oncology	
77523	PROTON TX DELIVERY INTERMEDIATE		Radiation Oncology	
77525	PROTON TX DELIVERY COMPLEX		Radiation Oncology	
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE		Radiation Oncology	
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE		Radiation Oncology	
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED		Radiation Oncology	
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX		Radiation Oncology	
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN		Radiation Oncology	
77768	HDR RDNCL SK SRF BRCHYTX LES GT 2CM and 2CHAN/MLT LES		Radiation Oncology	
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL		Radiation Oncology	
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL		Radiation Oncology	
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS		Radiation Oncology	
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX		Radiation Oncology	
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE		Radiation Oncology	
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE		Radiation Oncology	
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY		Radiation Oncology	
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC		Radiation Oncology	
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS		Radiation Oncology	
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS		Radiation Oncology	
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS		Radiation Oncology	
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT		Radiation Oncology	
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV		Radiation Oncology	
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV		Radiation Oncology	
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME		Radiation Oncology	
G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT		Radiation Oncology	
G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV		Radiation Oncology	
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV		Radiation Oncology	
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV		Radiation Oncology	
G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT		Radiation Oncology	
G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV		Radiation Oncology	
G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV		Radiation Oncology	
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV		Radiation Oncology	

G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT		Radiation Oncology	
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS		Radiation Oncology	
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS		Radiation Oncology	
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX		Radiation Oncology	
J8499	ELTROMBOPAG ORAL	ALVAIZ		

Q2 2025 Updates

REQ#	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLAN(S)	LOB(S)	NOTES
2616	10/29/2024	4/1/2025	Hyperbaric and Wound Care	Add (PA)	Q4294, Q4295, Q4299	MHI/All	Medicaid, Medicare	
2617	10/29/2024	4/1/2025	Experimental/Investigational	Add (PA)	31242, 31243	MHI/All	All	
2620	11/3/2024	4/1/2025	Imaging & Special Tests	Remove (PA)	70490, 70491, 70492	MHI/All	Medicaid, Marketplace	
2637	11/18/2024	4/1/2025	Imaging & Special Tests	Remove (PA)	72125, 72126, 72127	MHI/All	All	
2639	11/20/2024	4/1/2025	OP Hosp/Amb Surgery Center (ASC) procedures	Remove (PA)	93297	MHI	All	For Evolent partnered plans, code will no longer require prior authorization.
2643	11/26/2024	4/1/2025	Healthcare Administered Drugs	PA Update	Q5107, Q5118, Q5126, Q5129	MHI (except TX Medicaid)	All	Added note: Bevacizumab when billed for intraocular injection does not require PA.
2652	12/5/2024	4/1/2025	Healthcare Administered Drugs	Add (PA)	B4199	MHI	All	
2655	12/9/2024	1/1/2025	Healthcare Administered Drugs	PA Update	J9026,J9028,C9173,J0870,J2802,J9292,Q5146	MHI	All	New codes for 1/1/25 that will be delegated to Evolent for Evolent partnered plans. C
2656	12/9/2024	1/1/2025	Healthcare Administered Drugs	Add (PA)	J9076	MHI	All	New code for cyclophosphamide effective 1/1/25. Will be in Evolent oncology scope and require PA for Evolent delegated ADULTS
2660	12/19/2024	1/1/2025	Durable Medical Equipment (DME)	PA Update	T4521,T4522,T4523,T4524,T4525,T4526,T4527,T4528,T4529,T4530,T4531,T4532,T4533,T4534,T4535,T4537,T4540 ,T4541,T4542,T4543,T4544	MKY	Medicaid	Prior authorization is required for quantities above limits outlined in state fee schedule.
2675	1/14/2025	4/1/2025	Healthcare Administered Drugs	PA Update	C9047, J7308, J2562	MHI/All	All	Remove from Evolent scope. Codes continue to require PA.
2680	1/15/2025	1/1/2025	Transplants/Gene Therapy	PA Update	38225, 38226, 38227, 38228	MHI/All	All	Evolent will perform UM review for plans delegated for Oncology.
2685	1/17/2025	7/1/2025	Hyperbaric and Wound Care	Add (PA)	15271,15275,15273,15274,15277,15278,15272,15276,Q4238,Q4180,A2005,Q4164,Q4194,Q4204,Q4151	MHI	All	
2692	1/30/2025	4/1/2025	Healthcare Administered Drugs	Add (PA)	J1299, J2351, J9038, Q5147, Q5148, Q5149, Q5150, Q5151, Q5152, Q9999	MHI (except TX Medicaid)	All	New Pharmacy Codes for Q2 2025
2693	1/30/2025	4/1/2025	Healthcare Administered Drugs	Add (PA)	J9024, J9054, J9161	MHI (except TX Medicaid)	All	New Pharmacy Codes, these are all oncology codes that should be evaluated for Evolent Scope.
2694	1/30/2025	4/1/2025	Healthcare Administered Drugs	Deleted/Invalid Codes	J1300, J1810, J1890, J1940, J9037, J9247, Q5139, S0017, S0028, S0032, S0039, J1094	MHI/All	All	Codes deleted effective 3/31/2025
2706	2/4/2025	4/1/2025	Transplants/Gene Therapy	Add (PA)	Q2057	MHI	All	New CAR-T therapy code for 4/1/2025; Evolent Scope Candidate
2714	2/13/2025	4/1/2025	Multiple Categories	PA Update	Q2057,J9024,J9054,J9161	MHI (Evolent partnered plans ONLY)	All	Add to UM scope for plans partnered with Evolent for Oncology, where covered.
TBD	2/28/2025	4/1/2025	Healthcare Administered Drugs	PA Update	E08.3291,E08.3292,E08.3293,E08.3299,E08.3391,E08.3392,E08.3393,E08.3399,E08.3521,E08.3522,E08.3523,E08.3529,E08.3531,E08.3532,E08.3533,E08.3539,E08.3541,E08.3542,E08.3543,E08.3549,E08.37X1,E08.37X2,E08.37X3,E09.3291,E09.3292,E09.3293,E09.3299,E09.3391,E09.3392,E09.3393,E09.3399,E09.3521,E09.3522,E09.3523,E09.3529,E09.3531,E09.3532,E09.3533,E09.3539,E09.3541,E09.3542,E09.3543,E09.3549,E09.37X1,E09.37X2,E09.37X3,E10.3291,E10.3292,E10.3293,E10.3299	MHI/All	All	ICD 10 codes added to the list of diagnosis codes for which no PA is required for intraocular diagnosis.

Medicaid Prior Auth (PA) Code Matrix					Effective Q2, 2025		

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

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

This Matrix is for Outpatient services.

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

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

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

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent KY 1/1/21 Cardiology Adult 18+	Evolent KY 10/1/22 Oncology Adult 18+
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
90867	THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0010	ALCOHOL AND / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0011	ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0015	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units.		
H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y				
H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H0018	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
H2036	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
S0201	PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units.		
T2023	TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		See Ky Exceptions		
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y				
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y				
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y				
15786	ABRASION 1 LESION	Cosmetic, Plastic & Reconstructive Procedures	Y				
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y				
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y				
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y				
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y				
15824	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	Y				
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	Y				
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	Y				
15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15829	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	Y				
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Cosmetic, Plastic & Reconstructive Procedures	Y				
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y				
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y				
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y				
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y				
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y				
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y				
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y				
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y				
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	Y				
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y				
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y				
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	Y				
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19303	MASTECTOMY SIMPLE COMPLETE	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.		
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y				
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y				
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y				
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y				
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y				
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y				
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y				
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	Y				
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y				
67900	REPAIR BROW PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y				
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Cosmetic, Plastic & Reconstructive Procedures	Y				
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y				
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Cosmetic, Plastic & Reconstructive Procedures	Y				
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y				
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y				
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y				
67909	REDUCTION OVERCORRECTION PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y				
67950	CANTHOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y				
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	Cosmetic, Plastic & Reconstructive Procedures	Y				
A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A4341	INDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Durable Medical Equipment (DME)	Y				
A4342	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Durable Medical Equipment (DME)	Y				
A4560	NEUROMUSCULAR ELECTRICAL STIM DISP REPLC ONLY	Durable Medical Equipment (DME)	Y				
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y				
A9276	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	Y				
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y				
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y				
E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y				
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y				
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y				
E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	Y				
E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	Durable Medical Equipment (DME)	Y				
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y				
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y				
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Y				
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y				
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y				
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y				
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y				
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y				
E0301	HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	Y				
E0302	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTTRSS	Durable Medical Equipment (DME)	Y				
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	Y				
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y				
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Durable Medical Equipment (DME)	Y				
E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	Y				
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y				
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	Y				
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y				
E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	Y				
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y				
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y				
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y				
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	Y				
E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	Durable Medical Equipment (DME)	Y				
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	Y				
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	Y				
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	Y				
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	Y				
E0483	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y				
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME)	Y				
E0492	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y				
E0493	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y				
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Durable Medical Equipment (DME)	Y				
E0638	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	Durable Medical Equipment (DME)	Y				
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	Y				
E0641	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	Y				
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Durable Medical Equipment (DME)	Y				
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME)	Y				
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	Y				
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	Y				
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	Y				
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	Y				
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	Y				
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	Y				
E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME)	Y				
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y				
E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	Y				
E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	Y				
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y				
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y				
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y				
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y				
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y				
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	Y				
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y				
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y				
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y				
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y				
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y				
E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	Y				
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	Y				
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Y				
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	Y				
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	Y				
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y				
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y				
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y				
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y				
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y				
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y				
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y				
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y				
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y				
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y				
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y				
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y				
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y				
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	Y				
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y				
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y				
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y				
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y				
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y				
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y				
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y				
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y				
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y				
E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	Y				
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).		
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y				
E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	Durable Medical Equipment (DME)	Y				
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME)	Y				
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	Y				
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	Y				
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y				
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME)	Y				
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	Y				
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	Y				
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y				
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y				
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	Y				
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Durable Medical Equipment (DME)	Y				
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	Y				
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y				
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y				
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y				
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y				
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	Y				
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y				
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y				
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y				
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y				
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y				
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y				
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	Y				
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	Y				
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y				
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	Durable Medical Equipment (DME)	Y				
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	Y				
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y				
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y				
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	Y				
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y				
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Durable Medical Equipment (DME)	Y				
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	Y				
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y				
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y				
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y				
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y				
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y				
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	Y				
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y				
K0009	OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME)	Y				
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y				
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y				
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y				
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y				
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y				
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y				
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y				
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y				
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y				
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y				
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y				
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y				
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y				

K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y				
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y				
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0821	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y				
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y				
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y				
K0828	PWR WC GRP 2 XTRA HVY DUTY SLNG SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y				
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y				
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y				
K0835	PWR WC GRP 2 STD 1 PWR SLNG SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y				
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y				
K0837	PWR WC GRP 2 HVY 1 PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLNG PT 451-600 LBS	Durable Medical Equipment (DME)	Y				
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLNG PT 601 LBS OR MORE	Durable Medical Equipment (DME)	Y				
K0841	PWR WC GRP 2 MX PWR SLNG SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y				
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y				
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y				
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y				
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y				
K0856	PWR WC GRP 3 STD 1 PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y				
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0858	PWR WC GRP 3 HD 1 PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0860	PWR WC GRP 3 V HD 1 PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y				
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y				
K0862	PWR WC GRP 3 HD MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y				
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y				
K0868	PWR WC GRP 4 STD SLNG SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0870	PWR WC GRP 4 HVY DUTY SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0871	PWR WC GRP 4 V HVY DUTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y				
K0877	PWR WC GRP 4 STD 1 PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y				
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y				
K0879	PWR WC GRP 4 HD 1 PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0880	PWR WC GRP 4 V HD 1 PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y				
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y				
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y				
K0886	PWR WC GRP 4 HD MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y				
K0890	PWR WC GRP 5 PED 1 PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y				
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y				
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y				
K1004	LW FRQ U S DIA TX DVC HM USE INCL CMPNT ANDACCESS	Durable Medical Equipment (DME)	Y				
K1007	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	Durable Medical Equipment (DME)	Y				
K1027	ORAL DEV/APPL RED U AW COL W/O F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y				
Q0480	DRIVER PNEUMATIC VAD, REP	Durable Medical Equipment (DME)	Y				
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	Y				
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y				
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y				
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y				
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	Y				
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	Y				
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	Y				
V5211	HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE	Durable Medical Equipment (DME)	Y				
V5212	HEARNG AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	Y				
V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	Durable Medical Equipment (DME)	Y				
V5214	HEARNG AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	Y				
V5215	HEARNG AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	Y				
V5221	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	Durable Medical Equipment (DME)	Y				
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	Y				
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Experimental/Investigational	Y				
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Experimental/Investigational	Y				
31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Experimental/Investigational	Y				
31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Experimental/Investigational	Y				
43290	ESPHGGSTRODUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Experimental/Investigational	Y				
46948	LIGATION HEMORRHOID BUNDLE W US	Experimental/Investigational	Y				
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y				
0101T	EXTRCORPL SHOCK WAVE MUSCSKLTL NOS HIGH ENERGY	Experimental/Investigational	Y				
0206U	NEURO ALZHEIMER CELL AGGREGU	Experimental/Investigational	Y				
0207U	NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational	Y				
0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y				
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y				
0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y				
0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y				
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y				
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y				
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	Y				
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	Y				
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	Y				
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y				
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y				
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y				
0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Experimental/Investigational	Y				
0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Experimental/Investigational	Y				
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	Y				
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	Y				
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRSTB TISS	Experimental/Investigational	Y				
0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Experimental/Investigational	Y				
0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Experimental/Investigational	Y				
0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	Y				
0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Experimental/Investigational	Y				
0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	Y				
0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Experimental/Investigational	Y				
0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Experimental/Investigational	Y				
0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Experimental/Investigational	Y				
0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Experimental/Investigational	Y				
0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Experimental/Investigational	Y				
0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Experimental/Investigational	Y				
0783T	TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	Experimental/Investigational	Y				
0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Experimental/Investigational	Y				
0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Experimental/Investigational	Y				
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Y				
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	Y				
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Y				
0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Y				
0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Experimental/Investigational	Y				
0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Y				
0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Experimental/Investigational	Y				
0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Experimental/Investigational	Y				
0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Experimental/Investigational	Y				
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	Y				
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	Y				
0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG	Experimental/Investigational	Y				
A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Experimental/Investigational	Y				
C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Experimental/Investigational	Y				
C9784	ENDO SLEEVE GASTRO W/TUBE	Experimental/Investigational	Y				
C9785	ENDO OUTLET RESTRICT W/TUBE	Experimental/Investigational	Y				
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y				
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y				
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y				
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y				
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y				
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y				
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y				
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN	Genetic Counseling & Testing	Y				
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y				
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y				
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y				
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y				
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y				
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y				
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y				
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y				
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y				
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y				
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y				
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y				
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y				
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y				
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y				
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y				
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y				
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y				
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y				
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y				
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y				
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y				
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y				
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y				
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y				
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y				
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y				
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y				
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y				
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y				
81418	DRG MTBLSM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS	Genetic Counseling & Testing	Y				
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	Y				
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y				
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y				
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y				
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y				
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y				
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y				
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y				
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y				
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y				
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y				
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y				
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y				
81441	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Genetic Counseling & Testing	Y				
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y				
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y				
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y				
81449	TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES (EG, ALK,	Genetic Counseling & Testing	Y				
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y				
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Genetic Counseling & Testing	Y				
81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y				
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	Genetic Counseling & Testing	Y				
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y				
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y				
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y				
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y				
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	Y				
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y				
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	Y				
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y				
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y				
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y				
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y				
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y				
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	Y				
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	Genetic Counseling & Testing	Y				
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y				
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Genetic Counseling & Testing	Y				
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y				
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y				
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y				
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y				
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y				
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	Y				
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	Y				
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y				
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Genetic Counseling & Testing	Y				
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	Y				
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y				
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	Y				
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y				
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y				
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y				
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y				
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	Y				
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y				
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y				
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Genetic Counseling & Testing	Y				
0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Genetic Counseling & Testing	Y				
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	Y				
0153U	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	Y				
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	Y				
0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	Y				
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	Y				
0173U	PSYC GEN ALYS PANEL 14 GENES	Genetic Counseling & Testing	Y				
0174U	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	Y				
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	Y				
0179U	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	Y				
0184U	DO GNOTYP ART4 EXON 2	Genetic Counseling & Testing	Y				
0196U	LU GNOTYP BCAM EXON 3	Genetic Counseling & Testing	Y				
0209U	CYTOG CONST ALYS INTERROG	Genetic Counseling & Testing	Y				
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	Y				
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	Y				
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	Y				
0218U	NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Testing	Y				
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing	Y				
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y				
0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Genetic Counseling & Testing	Y				
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Genetic Counseling & Testing	Y				
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Genetic Counseling & Testing	Y				
0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Genetic Counseling & Testing	Y				
0391U	ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	Genetic Counseling & Testing	Y				
0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Genetic Counseling & Testing	Y				
0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	Genetic Counseling & Testing	Y				
0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Genetic Counseling & Testing	Y				
0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Genetic Counseling & Testing	Y				
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Genetic Counseling & Testing	Y				
0399U	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Genetic Counseling & Testing	Y				
0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Genetic Counseling & Testing	Y				
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Genetic Counseling & Testing	Y				
0402U	NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	Genetic Counseling & Testing	Y				
0403U	ONC PRST8 MRNA GEN XPRSN PRFLG 18GENS 1-CATCH UR	Genetic Counseling & Testing	Y				
0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Genetic Counseling & Testing	Y				
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	Genetic Counseling & Testing	Y				
0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Genetic Counseling & Testing	Y				
0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Genetic Counseling & Testing	Y				
0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Genetic Counseling & Testing	Y				
0410U	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTO SN	Genetic Counseling & Testing	Y				
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y				
0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Genetic Counseling & Testing	Y				
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Genetic Counseling & Testing	Y				
0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Genetic Counseling & Testing	Y				
0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Genetic Counseling & Testing	Y				
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Genetic Counseling & Testing	Y				
0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Genetic Counseling & Testing	Y				
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing	Y				
90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	Y				
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y				
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y				
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Healthcare Administered Drugs	Y				
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y				
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y				
A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	Y				
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	Y				
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Y				
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	Healthcare Administered Drugs	Y				
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y				
C9145	INJ, APONVIE, 1 MG	Healthcare Administered Drugs	Y				
C9173	INJ, NYPOZI, 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA		
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y				
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y				
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y				
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y				
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y				
J0139	INJ, ADALIMUMAB, 1 MG	Healthcare Administered Drugs	Y				
J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	Y				
J0174	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	Y				
J0175	INJ, DONANEMAB-AZBT, 2 MG	Healthcare Administered Drugs	Y				
J0177	INJECTION, AFLIBERCEPT HD, 1 MG	Healthcare Administered Drugs	Y				
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y				
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y				
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y				
J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	Y				

J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Healthcare Administered Drugs	Y				
J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Healthcare Administered Drugs	Y				
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Y				
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y				
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y				
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y				
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y				
J0224	INJ, LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y				
J0225	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Y				
J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y				
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y				
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y				
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y				
J0349	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	Y				
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y				
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y				
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y				
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y				
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y				
J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y				
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y				
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y				
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y				
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y				
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y				
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y				
J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Healthcare Administered Drugs	Y				
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Y				
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y				
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y				
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y				
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y				
J0601	SEVELAMER CARBONATE 20 MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0602	SEVELAMER CARBONATE PDR 20MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0603	SEVELAMER HYDROCHLORIDE 20MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y				
J0605	SUCROFERRIC OXYHYDROXIDE 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y				
J0607	LANTHANUM CARBONATE ORAL 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0608	LANTHANUM CARBONATE PWDR 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0609	FERRIC CITRATE ORL 3 MG IRON	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0615	CALCIUM ACETATE, ORAL, 23 MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.		
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y				
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y				
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y				
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y				
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y				
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y				
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y				
J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y				
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y				
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y				
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y				
J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Y				
J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Healthcare Administered Drugs	Y				
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y				
J0870	INJ, IMETELSTAT, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	Healthcare Administered Drugs	Y				
J0873	INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y				
J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y				
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y				
J0877	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	Y				
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y				
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y				
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y				
J0893	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		
J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y				
J0911	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y				
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y				
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y				
J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	Healthcare Administered Drugs	Y				
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J1202	MIGLUSTAT, ORAL, 65 MG	Healthcare Administered Drugs	Y				
J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Healthcare Administered Drugs	Y				
J1260	INJECTION DOLASETRON MESYLATE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y				
J1299	INJ, ECULIZUMAB, 2 MG	Healthcare Administered Drugs	Y				
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y				
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y				
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y				
J1304	INJ, TOFERSEN, 1 MG	Healthcare Administered Drugs	Y				
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y				
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y				
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Healthcare Administered Drugs	Y				
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y				
J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y				
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y				
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y				
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y				
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y				
J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y				
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	Y				
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y				
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y				
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y				
J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Healthcare Administered Drugs	Y				
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Y				
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y				
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y				
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y				
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (FLEBOGAMMA/FLEBOGAMMA DIF)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y				
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y				
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y				
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y				
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y				
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y				
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y				
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y				
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y				
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y				
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y				
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y				
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y				
J1747	INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	Y				
J1748	INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Healthcare Administered Drugs	Y				
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y				
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y				
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y				
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y				
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y				
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y				
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	Y				
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y				
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J1961	INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	Y				
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y				
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y				
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	Healthcare Administered Drugs	Y				
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J2327	INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	Y				
J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	Healthcare Administered Drugs	Y				
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J2351	INJ, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	Healthcare Administered Drugs	Y				
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Y				
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y				
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	Y				
J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	Y				
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y				
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y				
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y				
J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Healthcare Administered Drugs	Y				
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y				
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y				
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y				
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y				
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y				
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	Y				
J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	Healthcare Administered Drugs	Y				
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y				
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y				
J2802	INJ, ROMIPLOSTIM, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y				
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y				
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y				
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y				
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y				
J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y				
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y				
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y				
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y				
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y				
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y				
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y				
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y				
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y				
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Y				
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y				
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y				
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y				
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y				
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y				

J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y				
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y				
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y				
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.		Y
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.		Y
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y				
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Y				
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y				
J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Healthcare Administered Drugs	Y				
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y				
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y				
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y				
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y				
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y				
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y				
J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	Y				
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU RCO	Healthcare Administered Drugs	Y				
J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Y				
J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y				
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y				
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y				
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y				
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y				
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y				
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y				
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y				
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y				
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y				
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y				
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y				
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y				
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y				
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y				
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y				
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y				
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y				
J7204	INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	Y				
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y				
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y				
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y				
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y				
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y				
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y				
J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG	Healthcare Administered Drugs	Y				
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Healthcare Administered Drugs	Y				
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U."	Healthcare Administered Drugs	Y				
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y				
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y				
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y				
J7313	INJECTION FA INTRAVITREAL IMPLANT (ILUVIEN) 0.01 MG	Healthcare Administered Drugs	Y				
J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	Y				
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Y				
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y				
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y				
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y				
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y				
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y				
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y				
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y				
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Y				
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y				
J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	Y				
J7354	CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	Healthcare Administered Drugs	Y				
J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Healthcare Administered Drugs	Y				
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	Y				
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y				
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y				
J7601	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	Healthcare Administered Drugs	Y				
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y				
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y				
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y				
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y				
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA		
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.		Y
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.		Y
J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.		Y/MedImpact
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9020	INJECTION ASPARAGINASE 10000 UNITS	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9024	INJ, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9026	INJ, TARLATAMAB-DLLE, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9028	INJ, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9038	INJ, AXATILIMAB-CSFR, 0.1 MG	Healthcare Administered Drugs	Y				
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9046	INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9048	INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9049	INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9052	INJ, CARMUSTINE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J9054	INJ, BORTEZOMIB (BORUZU), 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J9065	INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9076	INJ, CYCLOPHOSPHAMIDE (BAXTER) 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9100	INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9120	INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9150	INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9161	INJ, DENILEUKIN DIFTITOX-CXDL, 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9171	INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y

J9172	DOCETAXEL (INGENUS), 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9181	INJECTION ETOPOSIDE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for SC. For SC, submit request to the healthplan.		Y
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for WA. WA pediatrics direct request to the healthplan.		Y
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9209	INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y				
J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y				
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient except for MS, SC. For MS, SC; submit request to the healthplan.		Y/MedImpact
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	Y~	One J code unit allowed per calendar year without PA. All units in excess of one unit/year require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y				
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9245	INJECTION MELPHALAN HCl NOS 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Y				
J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9249	INJECTION MELPHALAN APOTEX 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9255	INJ, METHOTREXATE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9260	INJECTION METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9286	INJ, GLOFITAMAB-GXBM, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9292	INJ, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9314	INJ PEMETREXED (TEVA) 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9329	INJ, TISLELIZUMAB-JSGR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y				
J9333	INJ, ROZANOLIXIZUMAB-NOLI, 1 MG	Healthcare Administered Drugs	Y				
J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Healthcare Administered Drugs	Y				
J9340	INJECTION THIOTEPA 15 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y

J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9370	VINCRISTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Healthcare Administered Drugs	Y				
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	Y				
J9390	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9393	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		
J9394	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		
J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.		Y
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y				
Q0224	INJ, PEMIVIBART, 4500 MG	Healthcare Administered Drugs	Y				
Q2017	INJECTION TENIPOSIDE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
Q2049	INJ DOXORUBICIN HCl LIP IMPORTED LIPODOX 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y				
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y				
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y				
Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.		Y/MedImpact
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y				
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y				
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y				
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.		Y/MedImpact
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	Y				
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y				
Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	Y				
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5135	INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5136	INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5137	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y				
Q5138	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y				
Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5143	INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5146	INJ, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q5147	INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5148	INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Healthcare Administered Drugs	Y				
Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5150	INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
Q5151	INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y				
Q5152	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y				
Q9996	INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y				
Q9997	INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y				
Q9998	INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Healthcare Administered Drugs	Y				
Q9999	INJ, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y				
S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y				
S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y				
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y				
S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y				
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y				
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	Y				
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	Y				
S0156	EXEMESTANE 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y				
S0189	TESTOSTERONE PELLET 75 MG	Healthcare Administered Drugs	Y				
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	Y				
G0151	SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Y				
G0152	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	Y				
G0153	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Y				
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y				
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y				
G0157	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y				
G0158	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y				
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y				
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y				
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Y				
G0162	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y				
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y				
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y				
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Y				
G0493	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	Y				
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y				
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y				
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y				
S5111	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Y				
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	Y				
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Y				
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Y				
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	Y				
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Y				
S5165	HOME MODIFICATIONS; PER SERVICE	Home Health Care Services	Y				
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Home Health Care Services	Y				
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Y				
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Y				
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y				
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y				
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Y				
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Y				
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Y				
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	Y				
T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y				
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y				
T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Y				
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Y				
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Y				
T1030	NURSING CARE IN THE HOME RN PER DIEM	Home Health Care Services	Y				
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Y				
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y				
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y				
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				
A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Therapy	Y				
A2020	AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Therapy	Y				
A2021	NEOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y				
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y				
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4106	DERMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4126	MEMODERM DERMASPAN TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y				
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	Y				
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4195	PURAPLY PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	Y				
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4231	CORPLEX P PER CC	Hyperbaric/Wound Therapy	Y				
Q4236	CAREPATCH, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y				
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4270	COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
Q4272	ESANO A, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4273	ESANO AAA, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4274	ESANO AC, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4275	ESANO ACA, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4276	ORION, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4278	EPIEFFECT, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4280	XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4282	CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4284	DERMABIND SL, PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4294	AMNIO QUAD-CORE PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4299	AMNICORE PRO Plus PER SQ CM	Hyperbaric/Wound Therapy	Y				
Q4326	WOUNDPLUS, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y				
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMINISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMINISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		

72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72130	CT THORACIC SPINE W O AND W CONTRAST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72156	MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72157	MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72158	MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73722	MRI ANY JT LOWER EXTREM W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75563	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y		If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal		
76390	MRI SPECTROSCOPY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
78428	CARDIAC SHUNT DETECTION	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
91113	GI TRACT IMAGING INTRALUMINAL COLON I AND R	Imaging & Special Tests	Y				
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISTN I&R	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISTN I&R ONLY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93317	ECHO TRANSESOPHAG IMAGE ACQUISN INTERP&REPORT	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93350	ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93351	ECHO TTHRC R-T 2D W M-MODE REST&STRS CONT ECG	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93453	R & L HRT CATH W/NJX L VENTRCLGRPY IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0623T	AUTO QUAN AND CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0624T	AUTO QUAN AND CHARAC CORONARY PLAQ DATA PREP AND TRNSMIS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0625T	AUTO QUAN AND CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0626T	AUTO QUAN AND CHARAC CORONARY PLAQ REV CPTR ALYS I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0689T	QUAN US TISS CHARAC I AND R W/O DX US SAME ANAT	Imaging & Special Tests	Y				
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal		
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Y				
95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	Y				
95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	Y				
95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y				
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Y				
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Y				
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	Y				
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Y				
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	Y				

95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y				
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Y				
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Y				
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Y				
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y				
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Y				
95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y				
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Y				
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y				
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
20560	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
20561	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21142	RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21143	RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
21620	OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
21627	STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
21630	RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23430	TENODESIS LONG TENDON BICEPS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27137	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL AND LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27405	RPR PRIMARY TORN LIGM AND /CAPSULE KNEE COLLATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27407	REPAIR PRIMARY TORN LIGM AND /CAPSULE KNEE CRUCIAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27409	RPR 1 TORN LIGM AND /CAPSL KNE COLTRL AND CRUCIATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27420	RCNSTN DISLOCATING PATELLA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27422	RCNSTN DISLC PATELLA W/XTNSR RELIGNMT AND /MUSC RL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27600	DCMPRSN FSCTMY LEG ANT AND /LAT COMPARTMENTS ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
27601	DCMPRSN FSCTMY LEG POST COMPARTMENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
27602	DCMPRSN FSCTMY LEG ANT AND /LAT AND PST CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28285	CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28292	CORRJ HALLUX VALGUS W SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28344	RECONSTRUCTION TOE POLYDACTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				

29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
30469	RPR OF NSL VLVE CLLPSE WTH LOW ENRGY, TMPRTURE-CNTRLLD (IE, RDFRQNCY) SBCTNEOUS/SUBMCSL RMDLNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32098	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32100	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32110	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32140	THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32141	THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32151	THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32160	THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32440	REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32501	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32507	THORACOTOMY W/DX WEDGE RESEXN AND ANTOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32650	THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32669	THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32670	THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32671	THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32674	THORCSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
32997	TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
32998	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33017	PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33050	RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33130	RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33202	INSERTION EPICARDIAL ELECTRODE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33227	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33228	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33229	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33255	ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33256	ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33257	ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33258	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33259	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33300	REPAIR CARDIAC WOUND W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	

33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33362	REPLACE AORTIC VALVE OPEN FEMORAL ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33370	TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33406	RPLCMT AORTIC VALVE OPEN ALLOGRAFT VALVE FREEHAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33415	RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33416	VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33475	REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33508	ENDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33516	CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33517	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33518	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33519	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33521	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33522	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33523	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33530	ROPRTJ CABJ/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33542	MYOCARDIAL RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33572	CORONARY ENDARTERECMY OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33619	RPR 1 VNTRC W/O/F OBSTRCJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33647	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33676	CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33690	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33702	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33720	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33726	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33741	TRNSCTHTR ATRIAL SPTSTMY FOR CONGENITAL CRDC ANMLS TO CREATE EFFCTV ATRIAL FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33745	TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH 1ST SHUNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33746	TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33802	DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33863	AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33866	AORTIC HEMIARCH GRAFT W/ISOL AND CTRL ARCH VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	

33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33904	PRCTNS PLMNRY ARTRY RVSCLRZTN BY STNT PLCMNT, EACH ADDTNL VSSL OR SEPARTE LESION, NRML OR ABNRML CNNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33916	PULMONARY ENDARTERECOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33924	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PERONEAL ART LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34501	VALVULOPLASTY FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34502	RECONSTRUCTION VENA CAVA ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34703	VASC RPR DPLMNT AORTO-UNI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34704	EVASC RPR DPLMNT AORTO-UNI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34710	THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34716	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34718	EVASC RPR DPLMNT AORTO-UNI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34844	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35011	DRCT RPAIR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35045	DRCT RPAIR ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35111	DIR RPR ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35132	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35141	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35142	DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35152	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35182	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35188	RPR ACQRD/TRAUMATIC AV FISTULA HEAD & NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35190	RPR ACQRD/TRAUMATIC AV FISTULA EXTREMITIES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35201	REPAIR BLOOD VESSEL DIRECT NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35303	TEAEC W/GRAFT POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35351	TEAEC W/WO PATCH GRAFT ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35390	REOPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35510	BYPASS W/VEIN CAROTID-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35518	BYPASS W/VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35521	BYPASS W/VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35535	BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35536	BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35537	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35538	BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35539	BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35540	BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35558	BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35560	BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35563	BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35565	BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	

35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35636	BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35637	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35647	BYP OTH/THN VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35663	BYP OTH/THN VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35665	BYP OTH/THN VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35691	TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35693	TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35694	TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35695	TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35701	EXPLORATION N/FLWD SURG NECK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35870	RPR GRF-ENTERIC FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35901	EXCISION INFECTED NECK GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35903	EXCISION INFECTED GRAFT EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
35905	EXCISION INFECTED GRAFT THORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
35907	EXCISION INFECTED GRAFT ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36140	INTRO NEEDLE/INTRACATH UPR/LWR XTRMTY ARTRY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36200	INTRODUCTION CATHETER AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36217	SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV THRC/BRCHCPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36247	SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV ABDL PLVC LWR XTRMTY BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36253	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36254	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36482	ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36483	ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37191	INSRTN INTRVAS VC FLTR W/ VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37192	REPSNG INTRVAS VC FLTR W/WO ACS VSL SELXN RS & I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37224	REVSC OPN/PRQ FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37565	LIGATION INTERNAL JUGULAR VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37600	LIGATION EXTERNAL CAROTID ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37609	LIGATION/BIOPSY TEMPORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37618	LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37650	LIGATION OF FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
37660	LIGATION OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37700	LIGTN &DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37718	LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37722	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37735	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37785	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
38746	THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
39200	RESECTION OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
39220	RESECTION MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLOONS)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43647	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43648	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43771	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				

43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43845	GASTRIC RSTCV W BYP W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43847	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43881	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43882	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
49904	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
53420	URTP 2-STG RCNST/RPR PROSTAT/URETHRA 1ST STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
53425	URTP 2-STG RCNST/RPR PROSTAT/URETHRA 2ND STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
53430	URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
53865	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
54125	AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
54401	INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
54405	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
54416	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
55175	SCROTOPLASTY SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
55180	SCROTOPLASTY COMPLICATED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
55867	LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDS RBTC ASISTNCE, WHN PRFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
55874	TRANSPERINEAL PLCMNT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
55880	TRANSRECTAL ABLTN MAL PRSTATE TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
55970	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
55980	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
56625	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
56800	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
56805	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57296	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57335	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.		
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.		
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
62324	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
62325	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
62326	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
62327	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64569	REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG AND RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
76932	US ENDOMYOCARDIAL BIOPSY RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
76984	DX INTRAOP THORACIC AORTA US	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
76987	DX INTRAOP EPICAR CAR US CHD	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
76988	DX NTROP EPCR US CHD IMG ACQ	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
76989	DX INTRAOP EPCAR US CHD I&R	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
92972	PERQ TRLUML CORONRY LITHOTRP	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	NC	
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send	Y	
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93281	PROGRAM EVAL IMPLANTABLE IN PERSN MULTI LD PACER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93282	PRGRMG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93297	REM INTERROG ICPMS LT 30 D PHYS/QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		
93319	3D ECHO IMG & PST-PXESSING TEE/TTE CGEN CAR ANOMAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93505	ENDOMYOCARDIAL BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93568	NJX PULMONARY ANGIO HRT CATH W/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93584	VNGRPH CHD ANOM/PERSIST SVC	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
93585	VNGRPH CHD AZYGS/HEMIAZYGS	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
93586	VNGRPH CHD CORONARY SINUS	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
93587	VNGRPH CHD VNVN CLTRL AT/ABV	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
93588	VNGRPH CHD VNVN CLTRL BELOW	OP Hosp/Amb Surgery Center (ASC) procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	NC	
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y*	*Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	

93593	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NTV CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93594	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NTVE CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93595	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NTV CNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93596	R & L HRT CATH CHD IMG CATH TRGT ZONE NML NTV CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93597	R & L HRT CATH CHD IMG CATH TRGT ZON ABNL NTV CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93598	CAR OUTP MEAS DRG CAR CATH EVAL GEN HRT DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93600	BUNDLE OF HIS RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93602	INTRA-ATRIAL RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93603	RIGHT VENTRICULAR RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93610	INTRA-ATRIAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93612	INTRAVENTRICULAR PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93631	INTRAOP EPICAR AND ENDOCAR PACG AND MAPG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S & I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	Y	
96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	OP Hosp/Amb Surgery Center (ASC) procedures	Y				
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9761	CYSTO URS &/PYELOSCPY LITH & VAC ASPIR KDNY COLLCTN SYSTM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9765	REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9767	REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y				
27278	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE	Pain Management Procedures	Y				
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y				
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y				
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y				
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	Y				
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	Y				
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y				
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y				
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y				
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y				
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y				
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y				
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y				
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y				
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y				
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y				
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Y				
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Y				
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y		No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.		
64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Y				
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Y				
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Y				
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Y				
64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Y				
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Y				
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y				
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y				
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y				
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y				
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y				
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y				
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	Y				
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y				
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	Y				
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y				
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y				
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y				
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y				
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y				
92507	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
92508	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97113	THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97116	THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97130	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97150	THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Physical, Occupational, and Speech Therapy	Y				
L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PREFAB	Prosthetics & Orthotics	Y				
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y				
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y				
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y				
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y				
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Prosthetics & Orthotics	Y				
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y				
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y				
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y				
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y				
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y				
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Prosthetics & Orthotics	Y				
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y				
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y				
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Prosthetics & Orthotics	Y				
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y				
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y				
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y				
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y				
L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	Y				
L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	Y				
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y				
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y				
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y				
L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	Y				
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	Y				
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	Y				
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	Y				
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y				
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y				
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	Y				
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y				
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y				
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y				
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y				
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y				
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y				
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y				
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y				
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y				
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y				
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y				
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y				
L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Prosthetics & Orthotics	Y				
L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Prosthetics & Orthotics	Y				
L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Prosthetics & Orthotics	Y				
L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	Prosthetics & Orthotics	Y				
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y				
L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Prosthetics & Orthotics	Y				
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Prosthetics & Orthotics	Y				
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Prosthetics & Orthotics	Y				
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y				
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y				
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetics & Orthotics	Y				
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Prosthetics & Orthotics	Y				
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Prosthetics & Orthotics	Y				
L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Prosthetics & Orthotics	Y				
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Prosthetics & Orthotics	Y				
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Prosthetics & Orthotics	Y				
L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Prosthetics & Orthotics	Y				
L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Prosthetics & Orthotics	Y				
L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetics & Orthotics	Y				
L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Prosthetics & Orthotics	Y				
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y				
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Prosthetics & Orthotics	Y				
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y				
L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Prosthetics & Orthotics	Y				
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y				
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Prosthetics & Orthotics	Y				
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y				
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y				
L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Prosthetics & Orthotics	Y				
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Prosthetics & Orthotics	Y				
L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Prosthetics & Orthotics	Y				
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Prosthetics & Orthotics	Y				
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y				
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Prosthetics & Orthotics	Y				
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Prosthetics & Orthotics	Y				
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Prosthetics & Orthotics	Y				
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED	Prosthetics & Orthotics	Y				
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y				
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Prosthetics & Orthotics	Y				
L5590	PREP AK-DISARTC NON-ALIGN LAMINATED SOCKET MOLD	Prosthetics & Orthotics	Y				
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Prosthetics & Orthotics	Y				
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SOCKT MOLD	Prosthetics & Orthotics	Y				
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Prosthetics & Orthotics	Y				
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Prosthetics & Orthotics	Y				
L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Prosthetics & Orthotics	Y				
L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Prosthetics & Orthotics	Y				
L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Prosthetics & Orthotics	Y				
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Prosthetics & Orthotics	Y				
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Prosthetics & Orthotics	Y				
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Prosthetics & Orthotics	Y				
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Prosthetics & Orthotics	Y				
L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Prosthetics & Orthotics	Y				
L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y				
L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Prosthetics & Orthotics	Y				
L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Prosthetics & Orthotics	Y				
L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Prosthetics & Orthotics	Y				
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Prosthetics & Orthotics	Y				
L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Prosthetics & Orthotics	Y				
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Prosthetics & Orthotics	Y				
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Prosthetics & Orthotics	Y				
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Prosthetics & Orthotics	Y				
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y				
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y				
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Prosthetics & Orthotics	Y				
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Prosthetics & Orthotics	Y				
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Prosthetics & Orthotics	Y				
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y				
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Prosthetics & Orthotics	Y				
L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y				
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Prosthetics & Orthotics	Y				
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Prosthetics & Orthotics	Y				
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Prosthetics & Orthotics	Y				
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y				
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y				
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Prosthetics & Orthotics	Y				
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Prosthetics & Orthotics	Y				
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Prosthetics & Orthotics	Y				
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Prosthetics & Orthotics	Y				
L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Prosthetics & Orthotics	Y				
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Prosthetics & Orthotics	Y				
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Prosthetics & Orthotics	Y				
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y				
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Y				
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Y				
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Y				
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Prosthetics & Orthotics	Y				
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Prosthetics & Orthotics	Y				
L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Prosthetics & Orthotics	Y				
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Prosthetics & Orthotics	Y				
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Prosthetics & Orthotics	Y				
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Prosthetics & Orthotics	Y				
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Prosthetics & Orthotics	Y				
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Prosthetics & Orthotics	Y				
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Prosthetics & Orthotics	Y				
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Prosthetics & Orthotics	Y				
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Prosthetics & Orthotics	Y				
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Prosthetics & Orthotics	Y				
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Prosthetics & Orthotics	Y				
L5999	LOWER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	Y				
L6000	PARTIAL HAND THUMB REMAINING	Prosthetics & Orthotics	Y				
L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Prosthetics & Orthotics	Y				
L6020	PARTIAL HAND NO FINGER REMAINING	Prosthetics & Orthotics	Y				
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y				
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Prosthetics & Orthotics	Y				
L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Prosthetics & Orthotics	Y				
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Prosthetics & Orthotics	Y				
L6110	BELOW ELBOW MOLDED SOCKET	Prosthetics & Orthotics	Y				
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Prosthetics & Orthotics	Y				
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Prosthetics & Orthotics	Y				
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	Y				
L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Prosthetics & Orthotics	Y				
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Prosthetics & Orthotics	Y				
L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Prosthetics & Orthotics	Y				
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Prosthetics & Orthotics	Y				
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Prosthetics & Orthotics	Y				
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Prosthetics & Orthotics	Y				
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Prosthetics & Orthotics	Y				
L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Prosthetics & Orthotics	Y				
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y				
L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y				
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y				
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y				
L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y				
L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Prosthetics & Orthotics	Y				
L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Prosthetics & Orthotics	Y				
L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Prosthetics & Orthotics	Y				
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y				
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Prosthetics & Orthotics	Y				
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Prosthetics & Orthotics	Y				
L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Prosthetics & Orthotics	Y				
L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Prosthetics & Orthotics	Y				
L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Prosthetics & Orthotics	Y				

L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Prosthetics & Orthotics	Y				
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Prosthetics & Orthotics	Y				
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Prosthetics & Orthotics	Y				
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y				
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y				
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Prosthetics & Orthotics	Y				
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y				
L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Prosthetics & Orthotics	Y				
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Prosthetics & Orthotics	Y				
L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Prosthetics & Orthotics	Y				
L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Prosthetics & Orthotics	Y				
L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Prosthetics & Orthotics	Y				
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Prosthetics & Orthotics	Y				
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Prosthetics & Orthotics	Y				
L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Prosthetics & Orthotics	Y				
L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Prosthetics & Orthotics	Y				
L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Prosthetics & Orthotics	Y				
L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Prosthetics & Orthotics	Y				
L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y				
L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y				
L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Prosthetics & Orthotics	Y				
L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Prosthetics & Orthotics	Y				
L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y				
L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC	Prosthetics & Orthotics	Y				
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y				
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Prosthetics & Orthotics	Y				
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y				
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Prosthetics & Orthotics	Y				
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Prosthetics & Orthotics	Y				
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Prosthetics & Orthotics	Y				
L7180	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	Y				
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	Y				
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y				
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y				
L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Prosthetics & Orthotics	Y				
L7191	ELEC ELB CHILD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Prosthetics & Orthotics	Y				
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y				
L7499	UPPER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	Y				
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Y				
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y				
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Prosthetics & Orthotics	Y				
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Prosthetics & Orthotics	Y				
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y				
L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Prosthetics & Orthotics	Y				
L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	Y				
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y				
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Prosthetics & Orthotics	Y				
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Prosthetics & Orthotics	Y				
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	Y				
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77261	THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77262	THER RAD TX PLNNING INTRM	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77263	THER RAD TX PLNNING CPLX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77299	UNLISTD PRCDRE THRPTC RDLGY CLINICAL TX PLANNING	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77300	BASIC RADIATION DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.		Y
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH, WA. OH, WA pediatrics direct request to the healthplan.		Y
77373	STEREOTACTIC BODY RADIATION DELIVERY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH, WA. OH, WA pediatrics direct request to the healthplan.		Y
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.		Y
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.		Y
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77401	RADIATION TX DELIVERY SUPERFICIAL & ORTHO VOLTA	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77407	RADIATION TX DELIVERY 1 MEV EQUAL TO GT INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.		Y
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77423	HI ENRGY NEUTRON RADTN TX DLVR 1 OR GRT ISOCENTER	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77470	SPECIAL TREATMENT PROCEDURE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77499	UNLISTED PROCEDURE THRPTC RADIOLOGY TX MGMT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77768	HDR RDNCLDE SKN SRFCE BRCHYTX LESION >2CM & 2CHAN/MLTPLE LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for MS. MS pediatrics direct request to the healthplan.		Y
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y

G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.		Y
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y				
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y				
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y				
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y				
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y				
32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV., FROM CADAVER DONOR	Transplants/Gene Therapy	Y				
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	Y				
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	Y				
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y				
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y				
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	Y				
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	Y				
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	Y				
33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y				
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	Y				
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y				
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	Y				
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	Y				
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y				
33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	Y				
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Transplants/Gene Therapy	Y				
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y				
38206	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	Transplants/Gene Therapy	Y				
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Transplants/Gene Therapy	Y				
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Transplants/Gene Therapy	Y				
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Transplants/Gene Therapy	Y				
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Transplants/Gene Therapy	Y				
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Transplants/Gene Therapy	Y				
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Transplants/Gene Therapy	Y				
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Transplants/Gene Therapy	Y				
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Transplants/Gene Therapy	Y				
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Transplants/Gene Therapy	Y				
38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y				
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Transplants/Gene Therapy	Y				
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y				
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y				
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y				
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y				
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	Y				
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y				
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	Y				
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	Y				
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y				
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y				
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y				
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y				
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y				
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y				
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y				
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y				
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y				
47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y				
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	Y				
47145	BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	Y				
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y				
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y				
48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	Y				
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y				
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y				
48552	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y				
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y				
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y				
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y				
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y				
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y				
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y				
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y				
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y				
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y				
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y				
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y				
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y				
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y				
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y				
81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	Y				
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y				
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y				
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y				
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	Y				
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Transplants/Gene Therapy	Y				
J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Transplants/Gene Therapy	Y				
J1414	INJ, FIDANACOGENE ELAPARVOVECDZKT, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y				
J2326	INJECTION NUSINERSEN 0.1 MG	Transplants/Gene Therapy	Y				
J3392	INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y				
J3393	INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y				
J3394	INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y				
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Transplants/Gene Therapy	Y				
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Transplants/Gene Therapy	Y				
J3401	BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML	Transplants/Gene Therapy	Y				
J9029	IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.		Y
Q2057	AFAMITRESGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE	Transplants/Gene Therapy	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	Y				
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	Y				
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	Y				
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	Y				
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	Y				
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	Y				
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	Y				
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y				
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	Y				
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	Y				
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	Y				
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y				
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y				
S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	Y				
S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	Y				
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	Y				
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y				
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	Y				
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	Y				
22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	Y				
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	Y				
23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	Y				
26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	Y				
27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	Y				
29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	Y				
30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	Y				
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	Y	
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	Y				
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	Y				
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y				
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y				
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	Y				
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	Y				
40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	Y				
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	Y				
42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	Y				
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y				
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	Y				
43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	Y				
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	Y				
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y				
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y				
49999	UNLISTD PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Unlisted/Miscellaneous	Y				
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	Y				
55559	UNLISTED LAPAROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	Y				
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	Y				
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y				
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	Y				
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	Y				
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y				
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	Y				
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	Y				
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	Y				
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.		Y
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y				
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y				
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous	Y				
87899	IAADIADOO NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y				
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	Y				
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y				
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	Y				
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	Y				
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	Y				
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y		PA Required after 20 visits per calendar year for PT/OT/ST.		
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Unlisted/Miscellaneous	Y				
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y				
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y				
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Unlisted/Miscellaneous	Y				
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	Y				
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Y				
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	Y				
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y				
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y				
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	Y				
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y				
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	Y	Y^	^Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults		Y
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Y				
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	Y				
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y				
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	Y				
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Y				
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Y				
G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y				
G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y				
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y				
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y				
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y				
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y				
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y				
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y				
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Y				
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	Y				
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y				
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y				
Q9004	DEPART VETERANS AFFAIR WHOLE HEALTH PARTNER SERV	Unlisted/Miscellaneous	NC				
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	Y				
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	Y				
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	Y				
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	Y				
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y				
T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Unlisted/Miscellaneous	Y				
T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y				
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	Y				
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y				
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y				
V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y				

KENTUCKY CODE/BENEFIT EXCEPTIONS

Effective Q2, 2025

Authorization for Select Behavioral Services to be re-instated in May 2025 and July 2025

PA Disclaimers Ky Passport

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

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

Select Cardiology and Oncology Authorizations (for adults over 18 only): Evolent (Formerly NCH): Phone: (888) 999-7713 / Website: https://my.newcenturyhealth.com. For Drugs with Not otherwise specified code, please refer to NCH Code listing to determine if it is a code reviewed by NCH. If requesting a drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information.

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

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

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

Home Healthcare Services

Skilled Nursing Visits: Requires authorization after initial evaluation plus six (6) visits per calendar year per member.

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

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

Sleep Study: Prior auth required except for Home Sleep Study

EPSDT Special Services (SS)

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

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

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

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

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80305	N		DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).
80306	N		DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).
80307	N		DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).
90867	Y		THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
90868	Y		THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
90869	Y		REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
90870	Y		ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97153	Y		ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
97154	Y		GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
97155	Y		ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
97156	Y		FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
97157	Y		MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
97158	Y		GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
0373T	Y		ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
G0480	N		DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).
G0481	N		DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).
G0482	N		DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).
G0483	N		DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).
G0659	N		DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).
H0012	Y		ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H0015	Y		ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H0017	Y		BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H0018	Y		BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H0035	Y		MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H0040	Y		ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H0046	Y		MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2012	Y		BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2013	Y		PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
H2015	Y		COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2016	Y		COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2018	Y		PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2020	Y		THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2034	Y		ALCOHOL AND OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
H2036	Y		ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
S0201	Y		PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
S9480	Y		INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
T2023	Y		TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorizations may be re-instated May or July - More information forthcoming
A4206	Y		SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4207	Y		SYRINGE WITH NEEDLE STERILE 2 CC EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4208	Y		SYRINGE WITH NEEDLE STERILE 3 CC EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4209	Y		SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4230	Y		INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4231	Y		INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4250	Y		URINE TEST OR REAGENT STRIPS OR TABLETS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4253	Y		BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4259	Y		LANCETS PER BOX OF 100	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4310	Y		INSERTION TRAY W/O DRAIN BAG AND W/O CATHETER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4311	Y		INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4320	Y		IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A4322	Y		IRRIGATION SYRINGE BULB OR PISTON EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.

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

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

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A5061	Y		OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5062	Y		OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5063	Y		OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5071	Y		OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5072	Y		OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5073	Y		OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5081	Y		STOMA PLUG OR SEAL ANY TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5082	Y		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5093	Y		OSTOMY ACCESSORY; CONVEX INSERT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5102	Y		BEDSIDE DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5114	Y		LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5121	Y		SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee
A5122	Y		SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5126	Y		ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5131	Y		APPLINC CLNR INCONT AND OSTOMY APPLINCS PER 16 OZ	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5500	Y		DIAB ONLY FIT CSTM PREP AND SPL SHOE MX DNSITY INSRT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5501	Y		DIAB ONLY FIT CSTM PREP AND SPL SHOE MOLD PTS FT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5503	Y		DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5504	Y		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5505	Y		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5506	Y		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5507	Y		DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A5508	Y		DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5510	Y		DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5512	Y		FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A5513	Y		DIA ONLY MX DEN INSRT CSTM FRM MDL PT FT CF EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A6545	Y		GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A7048	Y		VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A7522	Y		TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A7525	Y		TRACHEOSTOMY MASK EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
A7526	Y		TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0140	Y		WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0167	Y		PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0200	Y		HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0205	Y		HEAT LAMP W/STAND INCLUDES BULB/INFRARED	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee
E0210	Y		ELECTRIC HEAT PAD STANDARD	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0215	Y		ELECTRIC HEAT PAD MOIST	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0225	Y		HYDROCOLLATOR UNIT INCLUDES PADS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0239	Y		HYDROCOLLATOR UNIT PORTABLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0275	Y		BED PAN STANDARD METAL OR PLASTIC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0276	Y		BED PAN FRACTURE METAL OR PLASTIC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0325	Y		URINAL; MALE JUG-TYPE ANY MATERIAL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0326	Y		URINAL; FEMALE JUG-TYPE ANY MATERIAL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0480	Y		PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E0570	Y		NEBULIZER WITH COMPRESSOR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0572	Y		AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0574	Y		ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0575	Y		NEBULIZER ULTRASONIC LARGE VOLUME	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0580	Y		NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0585	Y		NEBULIZER WITH COMPRESSOR AND HEATER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0600	Y		RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0607	Y		HOME BLOOD GLUCOSE MONITOR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0776	Y		IV POLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0781	Y		AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E0935	Y		CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2100	Y		BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2359	Y		PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2360	Y		PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2362	Y		PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2363	Y		PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2364	Y		PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
E2365	Y		PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
K0001	Y		STANDARD WHEELCHAIR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
S8189	Y		TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4521	Y		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4522	Y		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
T4523	Y		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4524	Y		ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4525	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4526	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4527	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4528	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4529	Y		PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4530	Y		PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4531	Y		PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4532	Y		PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4533	Y		YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4534	Y		YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4535	Y		DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4541	Y		INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4542	Y		INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
T4543	Y		ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.
81381	Y		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP	Genetic Counseling & Testing	
J1000		Y	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1050		Y	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1071		Y	INJECTION TESTOSTERONE CYPIONATE 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1072		Y	INJ, TESTOSTERONE CYPIONATE (AZMIRO), 1MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1380		Y	INJECTION ESTRADIOL VALERATE UP TO 10 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1410		Y	INJECTION ESTROGEN CONJUGATED PER 25 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1435		Y	INJECTION ESTRONE PER 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J2326	Y		INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J3121		Y	INJECTION TESTOSTERONE ENANTHATE 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J3399	Y		INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Healthcare Administered Drugs	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)
J7318	NC		HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.
J7320	NC		HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.
J7322	NC		HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.
J7325	NC		HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.
J7326	NC		HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.
J9217		Y	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
S0138		Y	FINASTERIDE 5 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
G0159	Y		SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	PA required following 20 visits.
G0160	Y		SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	PA required following 20 visits.
G0161	Y		SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	PA required following 20 visits.
S9128	Y		SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	PA required following 20 visits.
S9129	Y		OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	PA required following 20 visits.
S9131	Y		PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	PA required following 20 visits.
T1000		Y	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	
95700	Y		EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95708	Y		EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95709	Y		EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95710	Y		EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95711	Y		VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95712	Y		VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95713	Y		VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95714	Y		VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95715	Y		VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming

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95716	Y		VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95718			EEG PHYS QHP 2-12 HR WITH VEEG	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95719			EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR WO VI	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95720			EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR W VEE	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95721	Y		EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95722	Y		EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95723	Y		EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95724	Y		EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95725	Y		EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95726	Y		EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
95957	Y		DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96112			DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96113			DEVELOPMENTAL STTE ADMIN PHYS/QHP EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96116			NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96121			NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96125			STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96130			PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96131			PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96132			NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96133			NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96136			PSYL/NRPSYCL TST PHYS/QHP 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96137			PSYCL/NRPSYCL TST PHYS/QHP 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
96138			PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96139			PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
96146			PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Neuropsychological and Psychological Tests	Authorizations may be re-instated May or July - More information forthcoming
92507	Y		TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA
92508	Y		TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA
97110	Y		THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97112	Y		THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97113	Y		THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97116	Y		THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97124	Y		THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97129	Y		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA
97130	Y		THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA
97140	Y		MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97150	Y		THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97530	Y		THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
97533	Y		SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA
97535	Y		SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 will not require PA
97763	Y		ORTHOTICS/PROSTH MGMT &/TRAINNG SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.
L0190	Y		CERV MX POST COLLR OCCIP/MAND SUPP ADJ CERV BARS	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L0200	Y		CERV MX POST COLLR OCCIP/MAND ADJ CERV AND THOR EXT	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
L0468	Y		TLSO SAGITTAL-CORONAL CONTROL PREFAB CUSTOM FIT	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L0470	Y		TLSO TRIPLANAR POST FRME AND ANT APRON W/STRAP PRFAB	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L0472	Y		TLSO TRIPLANAR HYPREXT RIGD ANT AND LAT FRME PRFAB	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L0492	Y		TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L3030	Y		FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L7364	Y		TWELVE VOLT BATTERY EACH	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L7366	Y		BATTERY CHARGER 12 VOLT EACH	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L7368	Y		LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L8000	Y		BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L8001	Y		BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L8002	Y		BREAST PROS MASTECT BRA W/INTEG BREAST FORM BIL	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L8020	Y		BREAST PROSTHESIS MASTECTOMY FORM	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
L8030	Y		BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES	Prosthetics & Orthotics	Prior authorization is required for quantities above limits outlined in state fee schedule.
B4034	Y		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Unlisted & Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.
B4036	Y		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Unlisted & Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.
B4100	Y		FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	Unlisted & Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.
B4220	Y		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	Unlisted & Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.
B4222	Y		PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	Unlisted & Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.
B4224	Y		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	Unlisted & Miscellaneous	Prior authorization is required for quantities above limits outlined in state fee schedule.
90875		NC			
90876		NC			
90901		NC			
90912		NC			
90913		NC			
96020		NC			

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
G2082	NC				Services covered under pharmacy benefit only.
G2083	NC				Services covered under pharmacy benefit only.
S0013	NC				Services covered under pharmacy benefit only.
T4537	Y		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH		Prior authorization is required for quantities above limits outlined in state fee schedule.
T4540	Y		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH		Prior authorization is required for quantities above limits outlined in state fee schedule.
T4544	Y		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH		Prior authorization is required for quantities above limits outlined in state fee schedule.