

SERVICES REQUIRING PRIOR AUTHORIZATION (LIST SUBJECT TO CHANGE)

Prior Authorization is required for: Inpatient Facility Admissions

- All planned (elective) inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Elective admissions must have prior authorization **before** the admission occurs.
- Admission to a skilled nursing facility, a long term acute care hospital (LTACH) or a rehabilitation facility
- All residential treatment program admissions

Transplants (inpatient or outpatient)-

- Autologous Progenitor Cell Therapy (stem cell transplants)
- Complex Organ Transplants (small bowel, lung, multi-organ, pancreas, face, limb)
- Transplant donor procedures and services (for all types of transplants)

- No prior authorization needed for cornea, skin, kidney, liver, heart, unless parts of care will involve a clinical trial. (Plan notification of scheduled kidney, liver or heart transplants is recommended to ensure highest level of coverage.)

Elective (non-emergent) ground or air ambulance transport

Surgical, Medical, Therapeutic, Diagnostic and Reconstructive Procedures (may be inpatient or outpatient)

- Abdominoplasty/Panniculectomy
- Blepharoplasty (eyelid surgery)
- Bone Anchored and Implantable Hearing Aids
- Breast Surgeries - Selected: (implant removal, mastectomy for gynecomastia, prophylactic mastectomy, reduction mammoplasty)
- Cardiac Devices, including related services for implantation, if applicable for ventricular assist device for outpatients, implanted and wearable defibrillators, closure devices for septal defects
- Cochlear Implantation

- Corneal Remodeling
- Cosmetic or reconstructive surgery usually done to change appearance (such as face lifts, brow lifts, cervicoplasty, collagen implants, chemical peels/abrasions, abdominoplasty, liposuction, body contouring surgery (skin fold or fat removal from torso or extremity), nose or ear remodeling ,scar revision, and others)
- Deep Brain stimulation
- Hyperbaric Oxygen Therapy
- Implantation or Application of Electric stimulator devices - selected - (gastric, spinal cord, sacral nerve, pelvic floor, implanted bone stimulators, posterior tibial nerve stimulators)
- Facility Based Sleep Studies (polysomnography)
- Radiation Therapy –Selected: (stereotactic radiosurgery, gamma knife, proton beam, intensity modulated radiation therapy (IMRT), intraoperative radiation therapy)
- Radiofrequency Ablation of Tumors
- Spine surgeries/treatments
- Artificial Intervertebral Disc (any level)
- Facet Arthroplasty

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- Vertebroplasty, Kyphoplasty, or Sacroplasty
- Intraspinal traction devices
- Radiofrequency treatment of facet joints
- Some Spinal Fusion
- Surgery to treat sleep apnea
- Varicose Veins and perforator veins– All Procedures

Outpatient Imaging Tests

- Positron Emission Tomography (PET and PET/CT)
- Contrast Enhanced Computed Tomography (CT) Angiography of the heart
- Computed Tomography (CT) Scans
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Spectroscopy
- Nuclear Cardiology
- Echocardiograms

Durable Medical Equipment (DME) and prosthetic devices

Prior Authorization required for purchase of DME items over \$500. Including but not limited to:

- Bone Growth Stimulators: Electronic and Ultrasonic
- Chest Compression Vests and Devices
- Communication or Speech Generation Devices
- Custom fabricated knee braces
- Dynamic Splints and home range of motion and stretching devices
- Electrical Stimulation Devices
- Home Traction Devices
- Hospital Beds and Accessories (no prior authorization needed for rental of standard bed for hospital to home transitions, for less than three months)
- Jaw Motion Rehab Systems (TMJ)
- Lymphedema Pumps
- Microprocessor – Controlled Artificial Limb or Joint
- Myoelectric upper arm prosthetic
- Power Operated Lifting Devices
- Standing frames
- Vagal Nerve Stimulators (not TENS)
- Wheelchairs, power operated vehicles, scooters
- No Prior Authorization need for standard manual wheelchair rented for less than three months
- Wheelchair Accessories (beyond basic components)
- Wearable Cardioverter Defibrillator

Rental of DME for home use does not require prior authorization. However rental beyond three months may be reviewed for ongoing medical necessity.

Pediatric Orthodontia (Non-Routine)

These services are reviewed by Dental Review Staff and should be faxed to 425.918.5956.

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The following list of drugs is not exhaustive, and only includes those that may be included in your medical benefit. This list does not include any drugs that are subject to the pharmacy prior authorization program. Additionally, the drugs listed below do not necessarily indicate coverage under the member benefits contract, as member contracts differ in their benefits.

Always use the Prospective Review Tool, consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Specific codes can also be found on the Prior Authorization Code List on the next page.

The following medications require prior authorization due to review for medical necessity, and to assure coverage:

Actemra (Tocilizumab)	Herceptin (Trastuzumab)	Remodulin (Treprostinil Sodium)
Amevive (Alefcept)	Immune Globulin, IV or subcutaneous	Rituxan (Rituximab)
Avastin (Bevacizumab)	Lucentis (Ranibizumab)	Stelara (Ustekinumab)
Benlysta (Belimumab)	Macugen (Pegaptanib)	Synagis (Palivizumab)
Bexxar (Iodine I131)	Mylotarg (Gemtuzumab Ozogamicin)	Vectibix (Panitumumab)
Botox (Botulinum Toxin type A & B)	Orencia (Abatacept)	Xolair (Omalizumab)
Cimzia (Certolizumab)	Provenge (Sipuleucel-t)	Zevalin (Yttrium Y-90)
Erbix (Cetuximab)	Recombinant Human Insulin-like Growth	
Erythropoietin Stimulating Agent	Factor 1	
(Epogen, Procrit, Aranesp)	Recombinant Platelet-derived Growth	
Flolan (Epoprostenol Sodium)	Factor – Wound Healing	
Growth Factor Receptor Inhibitors	Remicade (Infliximab)	

Effective 01/01/2014

List updated 07/31/2014

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Code Name	Code Description	Code Type	Records Request
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment and Operative report. No review needed if diagnosis is Breast Cancer
11970	Replacement of tissue expander with permanent prosthesis	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment and Operative report. No review needed if diagnosis is Breast Cancer
11971	Removal of tissue expander(s) without insertion of prosthesis	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment and Operative report. No review needed if diagnosis is Breast Cancer
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
15781	Dermabrasion; segmental, face	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
15782	Dermabrasion; regional, other than face	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
15786	Abrasion; single lesion (eg, keratosis, scar)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report
15787	Abrasion each additional four lesions (additional code added per LC)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15788	Chemical peel, facial; epidermal	CPT-4	Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report
15789	Chemical peel, facial; dermal	CPT-4	Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report
15792	Chemical peel, nonfacial; epidermal	CPT-4	Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report
15793	Chemical peel, nonfacial; dermal	CPT-4	Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report
15819	Cervicoplasty	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15820	Blepharoplasty, lower eyelid	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.
15822	Blepharoplasty, upper eyelid	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.
15824	Rhytidectomy; forehead	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15826	Rhytidectomy; glabellar frown lines	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report

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15828	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15876	Suction assisted lipectomy; head and neck	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15877	Suction assisted lipectomy; trunk	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15878	Suction assisted lipectomy; upper extremity	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15879	Suction assisted lipectomy; lower extremity	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
17360	Chemical exfoliation for acne (eg, acne paste, acid)	CPT-4	Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report
19300	Mastectomy for gynecomastia	CPT-4	Pre Operative Office Evaluation, Pathology report, Operative report, Age, Medication Records, Length of time condition present
19316	Mastopexy	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment and operative report. No review needed if diagnosis is Breast Cancer.
19318	Reduction mammoplasty	CPT-4	Pre -Operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed. No review needed if diagnosis is Breast Cancer.

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Code Name	Code Description	Code Type	Records Request
19324	Mammoplasty, augmentation; without prosthetic implant	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. No review needed if diagnosis is Breast Cancer.
19325	Mammoplasty, augmentation; with prosthetic implant	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. No review needed if diagnosis is Breast Cancer.
19328	Removal of intact mammary implant	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. No review needed if diagnosis is Breast Cancer.
19330	Removal of mammary implant material	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. No review needed if diagnosis is Breast Cancer.
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report. No review needed if diagnosis is Breast Cancer.
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report. No review needed if diagnosis is Breast Cancer.
19350	Nipple/areola reconstruction	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report. No review needed if diagnosis is Breast Cancer.
19355	Correction of inverted nipples	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report. No review needed if diagnosis is Breast Cancer.
19366	Breast reconstruction with other technique	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report. No review needed if diagnosis is Breast Cancer.
19370	Open periprosthetic capsulotomy, breast	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment and operative report. No review needed if diagnosis is Breast Cancer.
19371	Periprosthetic capsulectomy, breast	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment and operative report. No review needed if diagnosis is Breast Cancer.
19380	Revision of reconstructed breast	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report. No review needed if diagnosis is Breast Cancer.
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	CPT-4	History and Physical indicating location of fracture, any member comorbidities. If request is for non union of fracture, include date of fracture, serial radiographs detailing any history of healing, documentation of adequacy of immobilization
20975	Electrical stimulation to aid bone healing; invasive (operative)	CPT-4	History and Physical indicating location of fracture, any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing history of healing, documentation of adequacy of immobilization. Review not required for FEP.
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	CPT-4	Date of original fracture, H&P including comorbidities, fracture location, serial radiographs showing nonhealing and fracture gap
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	CPT-4	History and Physical, procedure report
21137	Reduction forehead; contouring only	CPT-4	History and Physical, documentation of medical necessity and previous stages of reconstruction if done
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	CPT-4	History and Physical, documentation of medical necessity and previous stages of reconstruction if done
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	CPT-4	History and Physical, documentation of medical necessity and previous stages of reconstruction if done

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21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	CPT-4	History and Physical, and Operative report
21280	Medial canthopexy (separate procedure)	CPT-4	History and Physical, documentation of medical necessity and visual field
21282	Lateral canthopexy	CPT-4	History and Physical, documentation of medical necessity and visual field
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	CPT-4	History and Physical, documentation of medical necessity, procedure report
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	CPT-4	History and Physical, documentation of medical necessity, procedure report
22520	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
22521	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; lumbar	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
22522	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	CPT-4	Pre Operative Evaluation, History and Physical including date of original injury, and Operative report
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	CPT-4	Pre Operative Evaluation, History and Physical including date of original injury, and Operative report
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lum	CPT-4	Pre Operative Evaluation, History and Physical including date of original injury, and Operative report
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report. No review required for FEP
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	CPT-4	History and Physical, operative report, documentation of conservative measures

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22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	CPT-4	History and Physical, operative report, documentation of conservative measures
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	CPT-4	Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity including operative report
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity. Review not required for FEP.
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity. Review not required for FEP.
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
28344	Reconstruction, toe(s); polydactyly	CPT-4	History and Physical, documentation of medical necessity, operative report
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30420	Rhinoplasty, primary; including major septal repair	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report

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30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	CPT-4	History and Physical, plan of care and documentation of medical necessity
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator	CPT-4	If billed with diagnosis Heart Failure (428.0-428.9) request History and Physical, documentation for medical necessity. Allow with other diagnosis.
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system)	CPT-4	If billed with diagnosis Heart Failure (428.0-428.9) request History and Physical, documentation for medical necessity. Allow with other diagnosis.
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
36470	Injection of sclerosing solution; single vein	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
36471	Injection of sclerosing solution; multiple veins, same leg	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	CPT-4	Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative report
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites	CPT-4	Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative report
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	CPT-4	Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative report
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites	CPT-4	Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative report
36511	Therapeutic apheresis; for white blood cells	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
36512	Therapeutic apheresis; for red blood cells	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
36513	Therapeutic apheresis; for platelets	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
37204	Transcatheter occlusion or embolization	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	CPT-4	Pre Operative Evaluation, History and Physical and Operative report

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Code Name	Code Description	Code Type	Records Request
37501	Unlisted vascular endoscopy procedure	CPT-4	Unlisted code. Submit documentation to describe the services. Include History and Physical with operative report or procedure report.
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37718	Ligation, division, and stripping, short saphenous vein	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	CPT-4	History and physical, operative report
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	CPT-4	History and physical, operative report
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report. Review not required for FEP.
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report. Review not required for FEP.
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
38230	Bone marrow harvesting for transplantation	CPT-4	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
38232	Bone marrow harvesting for transplantation; autologous	CPT-4	History and Physical, procedure report
38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic	CPT-4	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous	CPT-4	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	CPT-4	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
40500	Vermilionectomy (lip shave), with mucosal advancement	CPT-4	Pre Operative evaluation, History and Physical including functional impairment, and operative report
41512	Tongue base suspension, permanent suture technique	CPT-4	History and Physical, Operative report
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	CPT-4	History and Physical, including Sleep study results, results of CPAP trial
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	CPT-4	History and Physical, including Sleep study results, results of CPAP trial
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	CPT-4	History and Physical, including Sleep study results, results of CPAP trial
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	CPT-4	Pre Operative Evaluation, History and Physical and Operative report

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Code Name	Code Description	Code Type	Records Request
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	CPT-4	History and physical, operative report
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site without use of intraoperative microelectrode recording; first array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site without use of intraoperative microelectrode recording; each additional array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site with use of intraoperative microelectrode recording; first array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site with use of intraoperative microelectrode recording; each additional array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions

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Code Name	Code Description	Code Type	Records Request
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
63650	Percutaneous implantation of neurostimulator electrode array, epidural	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
64561	Percutaneous implantation of neurostimulator electrodes sacral nerve (transforaminal placement)	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity. Review not required for FEP.
64566	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	CPT-4	History and Physical, clinical notes from ordering provider, procedure report
64568		CPT-4	History and Physical, medical necessity documentation, operative report
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	CPT-4	History and Physical, medical necessity documentation, procedure report
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	CPT-4	History and Physical, medical necessity documentation, procedure report
64575	Insertion peripheral nerve stimulator	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
64581	Incision of implantation of neurostimulator electrodes sacral nerve (transforaminal placement)	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
64585	Revision or removal of peripheral neurostimulator electrode array	CPT-4	History and Physical indicating symptomology, and previous measures tried. Review not required for FEP.
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	CPT-4	History and Physical, procedure report, conservative treatments attempted
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	CPT-4	History and Physical; operative report

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Code Name	Code Description	Code Type	Records Request
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CPT-4	History and Physical, operative report, documentation of conservative measures
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	CPT-4	History and Physical, operative report, documentation of conservative measures
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	CPT-4	History and Physical, operative report, documentation of conservative measures
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	CPT-4	History and Physical, operative report, documentation of conservative measures
65756	Keratoplasty (corneal transplant); endothelial	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65760	Keratomileusis	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65765	Keratophakia	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65767	Epikeratoplasty	CPT-4	History and physical, operative report
65770	Keratoprosthesis	CPT-4	History and physical, prosthesis type, operative report
65771	Radial keratotomy	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
65772	Corneal relaxing incision for correction of surgically induced astigmatism	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65775	Corneal wedge resection for correction of surgically induced astigmatism	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67909	Reduction of overcorrection of ptosis	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67911	Correction of lid retraction	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos. Allow if billed with diagnosis codes 376.21-376.22 and 242.00-242.01.
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	CPT-4	Pre Operative Evaluation, History and Physical, documentation of medical necessity and operative report. Review not required for FEP.
67950	Canthoplasty (reconstruction of canthus)	CPT-4	Pre Operative Evaluation, History and Physical, documentation of medical necessity and operative report

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Code Name	Code Description	Code Type	Records Request
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to 1/4 of lid margin	CPT-4	Pre Operative Evaluation, History and Physical, documentation of medical necessity and operative report
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over 1/4 of lid margin	CPT-4	Pre Operative Evaluation, History and Physical, documentation of medical necessity and operative report
69300	Otoplasty, protruding ear, with or without size reduction	CPT-4	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69930	Cochlear device implantation, with or without mastoidectomy	CPT-4	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report
70450	Computed tomography, head or brain; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70460	Computed tomography, head or brain; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician

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70486	Computed tomography, maxillofacial area; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70487	Computed tomography, maxillofacial area; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70490	Computed tomography, soft tissue neck; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70491	Computed tomography, soft tissue neck; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70544	MRA head; w/o contrast	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70545	MRA head; with contrast	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70547	Magnetic resonance angiography, neck; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70548	Magnetic resonance angiography, neck; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
71250	Computed tomography, thorax; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician

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Code Name	Code Description	Code Type	Records Request
71260	Computed tomography, thorax; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
71555	MRA chest; with or w/o contrast	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical , results of previous diagnostic procedure report
72125	Computed tomography, cervical spine; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72126	Computed tomography, cervical spine; with contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72128	Computed tomography, thoracic spine; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72129	Computed tomography, thoracic spine; with contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72131	Computed tomography, lumbar spine; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72132	Computed tomography, lumbar spine; with contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report

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Code Name	Code Description	Code Type	Records Request
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72192	Computed tomography, pelvis; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72193	Computed tomography, pelvis; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
72291	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance	CPT-4	History and physical, operative report
72292	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance	CPT-4	History and physical, operative report
73200	Computed tomography, upper extremity; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
73201	Computed tomography, upper extremity; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report

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Code Name	Code Description	Code Type	Records Request
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical , results of previous diagnostic procedure report
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73700	Computed tomography, lower extremity; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
73701	Computed tomography, lower extremity; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74150	Computed tomography, abdomen; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician

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Code Name	Code Description	Code Type	Records Request
74160	Computed tomography, abdomen; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, name of referring physician
74174	Computed tomographic angiography, abdomen and pelvis (New code as of 01/01/2012)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74176	Computed tomography, abdomen and pelvis; without contrast material	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	CPT-4	History and Physical, office notes from ordering physician for visits relating to billed service and results of testing performed. Review not required for FEP.
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function)	CPT-4	History and Physical, Office notes from ordering physician for visits relating to the billed service. Allow if place of service is ER. Review not required for FEP.
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report

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Code Name	Code Description	Code Type	Records Request
75894	Transcatheter embolization	CPT-4	History and Physical, including prior treatment regimens History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
76390	Magnetic resonance spectroscopy	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, current drug regimen
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	CPT-4	
77301	Intensity modulated radiotherapy plan including dose-volume histograms for target and critical structure partial tolerance specifications	CPT-4	Submit History and Physical, documentation of medical necessity. Allow if diagnosis code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	CPT-4	Submit History and Physical, documentation of medical necessity. Allow if diagnosis code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; multisource Cobalt 60 based or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	History and Physical, including functional capacity, if metastatic, and number of lesions
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	CPT-4	History and Physical, including functional capacity, if metastatic, and number of lesions
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
77418	Intensity modulated treatment delivery single or multiple fields/arcs via narrow spatially and temporally modulated beams (eg binary dynamic MLC) per treatment session	CPT-4	Submit History and Physical, documentation of medical necessity. Allow if diagnosis code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	CPT-4	History and Physical, treatment plan, documentation of medical necessity. Allow if diagnosis is rectal cancer (154.1)
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	CPT-4	History and Physical, treatment plan, documentation of medical necessity. Allow if diagnosis is rectal cancer (154.1)
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	CPT-4	History and Physical, including functional capacity, if metastatic, and number of lesions
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	History and Physical, including functional capacity, location, if metastatic, and number of lesions
77469	Intraoperative radiation treatment management	CPT-4	History and Physical, treatment plan, documentation of medical necessity. Allow if diagnosis is rectal cancer (154.1)
77520	Proton treatment delivery; simple, without compensation	CPT-4	History and Physical, treatment plan. Allow if group #90000000 Alyeska
77522	Proton treatment delivery; simple, with compensation	CPT-4	History and Physical, treatment plan. Allow if group #90000000 Alyeska
77523	Proton treatment delivery; intermediate	CPT-4	History and Physical, treatment plan. Allow if group #90000000 Alyeska
77525	Proton treatment delivery; complex	CPT-4	History and Physical indicating why treatment is being done. Allow if group #90000000 Alyeska

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Code Name	Code Description	Code Type	Records Request
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical , results of previous diagnostic procedure report
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) an	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, results of previous diagnostic procedure report
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, including prior testing, procedures report
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/ or pharmacologic), wall motion study plus ejection fraction, with or without quantification	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, including prior testing, procedures report
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, including prior testing, procedures report

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Code Name	Code Description	Code Type	Records Request
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, procedure report, prior cardiac imaging procedure performed and outcome
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78811	Tumor imaging, positron emission tomography (PET); limited area (e.g., leg, chest, head/neck)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed request History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed request History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78813	Tumor imaging, positron emission tomography (PET); whole body	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed request History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization: limited areas (e.g., leg, chest, head/neck)	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed request History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization: skull base to mid-thigh	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed request History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization: whole body	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed request History and Physical, Office Notes from ordering Physician for visits related to the billed service and results of testing performed
88241	Thawing and expansion of frozen cells, each aliquot	CPT-4	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	CPT-4	Age or gestational age, History of respiratory problems, Current medical treatment, if any risk factors
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report

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Code Name	Code Description	Code Type	Records Request
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	CPT-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and Physical, copy of procedure report
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	CPT-4	Effective DOS 9/1/11 submit History and Physical, medical necessity documentation, procedure report. No review needed for children age <18 years old. PBC: Allow if the provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside WA, AK, OR.
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	CPT-4	Effective DOS 9/1/11 submit History and Physical, medical necessity documentation, procedure report. No review needed for children age <18 years old. PBC: Allow if the provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside WA, AK, OR.

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Code Name	Code Description	Code Type	Records Request
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	CPT-4	Effective DOS 9/1/11submit History and Physical, medical necessity documentation, procedure report. No review needed for children age <18 years old. PBC: Allow if the provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside WA, AK, OR.
95811	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	CPT-4	Effective DOS 9/1/11 submit History and Physical, medical necessity documentation, procedure report.No review needed for children age <18 years old. PBC: Allow if the provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside WA, AK, OR.
95971	Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	CPT-4	Test results, notes from related office visit
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	CPT-4	History and Physical with medical necessity, treatment plan, treatments tried and failed and procedure report
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	CPT-4	Submit History and Physical, documentation of medical necessity. Allow if diagnosis code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression) cervical; each additional interspace (List separately in addition to code for primary procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace (List separately in addition to code for primary procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
0164T	Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace (List separately in addition to code for primary procedure	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
0165T	Revision of total disc arthroplasty (artificial disc),, anterior approach, lumbar, each additional interspace	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)	CPT-4	Pre Operative Evaluation, History and Physical, Operative report, and plan of care
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level	CPT-4	History and Physical, Operative report

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Code Name	Code Description	Code Type	Records Request
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)	CPT-4	History and Physical, Operative report
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace	CPT-4	History and Physical with procedure report
0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	CPT-4	History and Physical with procedure report
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	CPT-4	Submit History and Physical, documentation of medical necessity, operative report
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	HCPC	History and Physical, plan of care and procedure report
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	HCPC	History and Physical, plan of care and procedure report
			<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray <p>Other recommended documentation:</p> <ul style="list-style-type: none"> • Cephalometric x-rays • Oral facial images
D8010	Limited orthodontic treatment of the primary dentition	CDT	<ul style="list-style-type: none"> • Diagnostic casts/study models • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray <p>Other recommended documentation:</p> <ul style="list-style-type: none"> • Cephalometric x-rays • Oral facial images
D8020	Limited orthodontic treatment of the transitional dentition	CDT	<ul style="list-style-type: none"> • Diagnostic casts/study models

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Code Name	Code Description	Code Type	Records Request
D8030	Limited orthodontic treatment of the adolescent dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8040	Limited orthodontic treatment of the adult dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8050	Interceptive orthodontic treatment of the primary dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8060	Interceptive orthodontic treatment of the transitional dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8070	Comprehensive orthodontic treatment of the transitional dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8080	Comprehensive orthodontic treatment of the adolescent dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models

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Code Name	Code Description	Code Type	Records Request
D8090	Comprehensive orthodontic treatment of the adult dentition	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8210	Removable appliance therapy	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8220	Fixed appliance therapy	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8660	Pre-orthodontic treatment visit	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8670	Periodic orthodontic treatment visit (as part of contract)	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models

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D8690	Orthodontic treatment (alternative billing to a contract fee)	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8691	Repair of orthodontic appliance	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8692	Replacement of lost or broken retainer	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8693	Rebonding or recementing of fixed retainers	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8694	Repair of fixed retainers, includes reattachment	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models
D8999	Unspecified Orthodontic Procedure	CDT	<ul style="list-style-type: none"> • Diagnosis, history and physical documenting congenital anomaly • Treatment plan, including duration of treatment • Panoramic x-ray Other recommended documentation: • Cephalometric x-rays • Oral facial images • Diagnostic casts/study models

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Code Name	Code Description	Code Type	Records Request
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0193	Powered air flotation bed (low air loss therapy)	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0194	Air fluidized bed	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0250	Hospital bed, fixed height, with any type side rails, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0251	Hospital bed, fixed height, with any type side rails, without mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0270	Hospital bed, institutional type includes: oscillating ,circulating, and stryker frame, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0277	Powered pressure-reducing air mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0290	Hospital bed, fixed height, without side rails, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0291	Hospital bed, fixed height, without side rails, without mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status

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Code Name	Code Description	Code Type	Records Request
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0300	Pediatric crib, hospital grade, fully enclosed	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	HCPC	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed if Rental.
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0372	Powered air overlay for mattress, standard mattress length and width	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0373	Nonpowered advanced pressure reducing mattress	HCPC	History & Physical, including size, depth, location of decubiti
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	HCPC	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition

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Code Name	Code Description	Code Type	Records Request
E0621	Sling or seat, patient lift, canvas or nylon	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0625	Patient lift, bathroom or toilet, not otherwise classified	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0629	Separate seat lift mechanism for use with patient-owned furniture, nonelectric	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0630	Patient lift; hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0637	Combination sit and stand system, any size, with seat lift feature, with or without wheels	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0638	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0641	Standing frame system, multi-position (e.g., three-way stander,), any size including pediatric, with or without wheels	HCPC	Letter of medical necessity, including condition being treated.
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	HCPC	Letter of medical necessity, including condition being treated
E0650	Pneumatic compressor, nonsegmental home model	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status. Allow with diagnosis code 457.0
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status. Allow if billed with diagnosis 457.0
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	HCPC	Letter of medical necessity, including condition being treated.
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	HCPC	History and Physical including comorbidities, previously tried clinical interventions and operative report if any available

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Code Name	Code Description	Code Type	Records Request
E0745	Neuromuscular stimulator, electronic shock unit	HCPC	History and Physical including comorbidities, previously tried clinical interventions and operative report if any available
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	HCPC	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	HCPC	History and physical, plan of care
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	HCPC	History and Physical including comorbidities, previously tried clinical interventions and operative report if any available
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve, and/or muscle groups, any type, complete system, not otherwise specified	HCPC	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	HCPC	History and Physical, documentation of medical necessity.
E0950	Wheelchair accessory, tray, each	HCPC	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. Include invoice of cost for item.
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	HCPC	Diagnosis, Abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength and Documented inability to propel a manual chair
E0984	Power add-on to convert manual wheelchair to motorized wheelchair, tiller control	HCPC	Diagnosis, Abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength and Documented inability to propel a manual chair
E0985	Wheelchair accessory, seat lift mechanism	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E0986	Manual wheelchair accessory, push activated power assist, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1002	Power seating system, tilt only	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1006	Power seating system, combination tilt and recline, without shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1007	Power seating system, combination tilt and recline, with mechanical shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory

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Code Name	Code Description	Code Type	Records Request
E1008	Power seating system, combination tilt and recline, with power shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1009	Addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1010	Addition to power seating system, power leg elevation system, including leg rest, pair	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1014	Reclining back, addition to pediatric size wheelchair	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1031	Rollabout chair, any and all types with casters five inches or greater	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1035	Multi positional patient transfer system, with integrated seat, operated by caregiver	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1037	Transport chair, pediatric size	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1038	Transport chair, adult size, patient weight capacity up to an including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.

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Code Name	Code Description	Code Type	Records Request
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.

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E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1130	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1140	Wheelchair, detachable arms, desk or full-length; swing-away, detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1160	Wheelchair, fixed full-length arms, swing-away, detachable, elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1161	Manual adult size wheelchair, includes tilt in space	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1170	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.

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Code Name	Code Description	Code Type	Records Request
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1195	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1200	Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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E1221	Wheelchair with fixed arm, footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1222	Wheelchair with fixed arm, elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1223	Wheelchair with detachable arms, footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1224	Wheelchair with detachable arms, elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1226	Wheelchair accessory, manual, fully reclining back (recline >80°), each	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1229	Wheelchair, pediatric size, not otherwise specified	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair

Effective 01/01/2014

List updated 07/31/2014

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Code Name	Code Description	Code Type	Records Request
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1232	Wheelchair; Pediatric size, tilt-in-space, folding, adjustable, with seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1233	Pediatric size, tilt-in-space, rigid, adjustable, without seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1234	Pediatric size, tilt-in-space, folding adjustable with seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
E1235	Pediatric size, folding, adjustable, with seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1237	Pediatric size, rigid, adjustable, without seating system	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1238	Pediatric size, folding, adjustable, without seating system	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed. Include invoice of cost for item.

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Code Name	Code Description	Code Type	Records Request
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1280	Heavy duty wheelchair; detachable arms, desk or full-length, elevating legrests	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed

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Code Name	Code Description	Code Type	Records Request
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1812	Dynamic knee, extension/flexion device with active resistance control	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed

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Code Name	Code Description	Code Type	Records Request
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	HCPC	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2230	Manual wheelchair accessory, manual standing system	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory

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Code Name	Code Description	Code Type	Records Request
E2311	Electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2342	Non-standard seat frame depth, 20 or 21 inches	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2511	Speech generating software program, for personal computer or personal digital assistant	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2512	Accessory for speech generating device, mounting system	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
E2603	Skin protection wheelchair seat cushion, width less than 22 in., any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2604	Width 22 in. or greater, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2605	Positioning wheelchair seat cushion, width less than 22 in., any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2606	Width 22 in. or greater, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in., any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2608	Width 22 in. or greater, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2609	Custom fabricated wheelchair seat cushion, any size	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2610	Wheelchair seat cushion, powered	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in., any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory

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Code Name	Code Description	Code Type	Records Request
E2614	Width 22 in. or greater, any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2615	Posterior-lateral, width less than 22 in., any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2616	Width 22 in. or greater, any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2617	Custom fabricated wheelchair back cushion, any size, includes any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in., any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2621	Width 22 in. or greater, any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	HCPC	History and Physical, documentation of medical necessity and procedure report
J0129	Injection, abatacept, 10 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J0215	Injection, alefacept, 0.5 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J0490	Injection, belimumab, 10 mg	HCPC	History and physical, documentation of medical necessity, treatment plan
J0585	Botulinum toxin type A, per unit	HCPC	History and physical indicating medical necessity. Documentation of previous therapies/treatments tried and results of the treatments

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Code Name	Code Description	Code Type	Records Request
J0586	Injection, abobotulinumtoxinA, 5 units	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J0587	Botulinum type B, per 100 units	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J0588	Injection, incobotulinumtoxinA, 1 unit	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	HCPC	History and Physical, clinical notes related to a condition being treated, documentation of previous therapies tried and failed.
J0718	Injection, certolizumab pegol, 1 mg	HCPC	History and Physical, Office notes related to a condition being treated, documentation of previous therapies tried and failed.
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	HCPC	Effective DOS 6/1/2012 submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. Allow under age 18.
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	HCPC	Effective DOS 6/1/2012 submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. Allow under age 18.
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	HCPC	Effective DOS 6/1/2012 submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. Allow under age 18.
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	HCPC	Effective DOS 6/1/2012 submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. Allow under age 18.
J1325	Injection, epoprostenol, 0.5 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
J1557	Injection, immune globulin (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
J1559	Injection, immune globulin (Hizentra), 100 mg	HCPC	History and Physical and recent lab work
J1561	Injection, immune globulin (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
J1562	Injection, immune globulin (Vivaglobin), 100 mg	HCPC	History and Physical and recent lab work
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	HCPC	History and Physical and recent lab work

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Code Name	Code Description	Code Type	Records Request
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	HCPC	History and Physical and recent lab work
J1602	Injection, golimumab, 1 mg, for intravenous use	HCPC	History and Physical, clinical notes related to a condition being treated, documentation of previous therapies tried and failed.
J1745	Injection infliximab, 10 mg	HCPC	History and physical including prior treatments and results. Do not send infusion records!
J2170	Injection, mecasermin, 1 mg	HCPC	History and Physical, including prior treatments and proposed treatment plan
J2357	Injection, omalizumab, 5 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J2503	Injection, pegaptanib sodium, 0.3 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J2778	Treatment for Age Related Macular Degeneration (AMD)	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J3262	Injection, tocilizumab, 1 mg (Actemra)	HCPC	History and physical demonstrating reason for requested medication, dosage and duration of treatment, office notes related to condition
J3285	Injection, treprostinil, 1 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J3357	Injection, ustekinumab, 1 mg	HCPC	History and Physical, clinical notes from ordering provider, treatment plan
J9035	Injection, bevacizumab, 10 mg	HCPC	History and Physical including prior treatments and proposed treatment plan. Please do not send infusion records. Allow if billed with diagnosis code 362.52.
J9055	Injection, cetuximab, 10 mg	HCPC	History and Physical, including prior treatments and proposed treatment plan
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	HCPC	PHARMACY: Fax BA to Pharmacy review @ 888-260-9836. Submit office notes related to condition, medical necessity and documentation of previous therapies/treatments tried, dosage and duration of treatment. Review Pegasys only.
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	HCPC	PHARMACY: Fax BA to Pharmacy review @ 888-260-9836. Submit office notes related to condition, medical necessity and documentation of previous therapies/treatments tried, dosage and duration of treatment. Review Peg-Intron only.

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Code Name	Code Description	Code Type	Records Request
J9300	Injection, gemtuzumab ozogamicin, 5 mg	HCPC	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J9303	Injection, panitumumab, 10 mg	HCPC	History and Physical, including prior treatments and proposed treatment plan
J9310	Injection, rituximab, 100 mg	HCPC	History and physical demonstrating reason for requested medication, dosage and duration of treatment, office notes related to condition. Do not send infusion records!
J9355	Injection, trastuzumab, 10 mg	HCPC	History and physical demonstrating reason for requested medication, dosage and duration of treatment, office notes related to condition. Do not send infusion records!
K0003	Lightweight wheelchair	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
K0004	High strength, lightweight wheelchair	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0005	Ultralight weight wheelchair	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0008	Custom manual wheelchair base	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0009	Other manual wheelchair/base	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0010	Standard – weight frame motorized/power wheelchair	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair

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Code Name	Code Description	Code Type	Records Request
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair
K0012	Lightweight portable motorized/power wheelchair	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair
K0013	Custom motorized/power wheelchair base	HCPC	History and Physical, Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition). Past experience if any using similar equipment.
K0014	Other motorized/power wheelchair base	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair
K0108	Wheelchair component or accessory, not otherwise specified	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	HCPC	Recent History and Physical, plan of care, and documentation of medical necessity
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0812	Power operated vehicle, not otherwise classified	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

Effective 01/01/2014

List updated 07/31/2014

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Code Name	Code Description	Code Type	Records Request
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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Code Name	Code Description	Code Type	Records Request
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0898	Power wheelchair, not otherwise classified	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0900	Customized durable medical equipment, other than wheelchair	HCPC	History and Physical, Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition). Past experience if any using similar equipment.
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition. No review is needed for FEP.
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8680	Implantable neurostimulator electrode, each	HCPC	Recent History and Physical, plan of care, and documentation of medical necessity
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition

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L8682	Implantable neurostimulator radiofrequency receiver	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8689	External recharging system for battery (internal) for use with implantable neurostimulator	HCPC	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
L8691	Auditory osseointegrated device, external sound processor, replacement	HCPC	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8693	Auditory osseointegrated device abutment, any length, replacement only	HCPC	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	HCPC	Peer Reviewed Literature supporting requested procedure, Recent History and Physical
P9020	Platelet rich plasma, each unit	HCPC	History and Physical, plan of care description of wound location, depth, size
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pagm-csf, including leukapheresis and all other preparatory procedures, per infusion	HCPC	History and physical, clinical notes related to a condition being treated, treatment plan
S0088	Imatinib, 100 mg	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
S2080	Laser-assisted uvulopalatoplasty (LAUP)	HCPC	History and Physical, including Sleep study results, results of CPAP trial
S2102	Islet cell tissue transplant from pancreas; allogeneic	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
S2103	Adrenal tissue transplant to brain	HCPC	Recent History and Physical, plan of care, and documentation of medical necessity
S2140	Cord blood harvesting for transplantation, allogeneic	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
S2142	Cord blood-derived stem-cell transplantation, allogeneic	HCPC	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	HCPC	History and Physical, Operative report
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	HCPC	Pre Operative Evaluation, History and Physical, and Operative report
S2361	Each additional cervical vertebral body (list separately in addition to code for primary procedure)	HCPC	Pre Operative Evaluation, History and Physical, and Operative report

Note: This list is searchable by typing CNTRL + F, or by selecting the Edit menu, then Find.

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