

Prior Authorization Catalog



0521

Authorization Categories	Code	Description	Requirements
17-P Injections	J1726	INJECTION HPC 10 MG	Non - MFM Providers Requires Auth
17-P Injections	J1729	INJECTION HPC NOS 10 MG	Non - MFM Providers Requires Auth
Ambulance	A0020	AMBULANCE BASIC LIFE SUPPORT PER MILE 1 WAY	For Non-Emergent Transport only
Ambulance	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	For Non-Emergent Transport only
Ambulance	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	For Non-Emergent Transport only
Ambulance	A0422	AMB OXYGEN&O2 SPL LIFE SUSTAINING	For Non-Emergent Transport only
Ambulance	A0424	EXTRA AMB ATTENDANT GROUND/AIR;	For Non-Emergent Transport only
Ambulance	A0425	GROUND MILEAGE PER STATUTE MILE	For Non-Emergent Transport only
Ambulance	A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	For Non-Emergent Transport only
Ambulance	A0429	AMB SERVICE BLS EMERGENCY TRANSPORT	For Non-Emergent Transport only
Ambulance	A0430	AMB SRVC AIR TRNSPRT 1 WAY FIX WING	For Non-Emergent Transport only
Ambulance	A0431	AMB SRVC AIR TRNSPRT 1 WAY ROTARY	For Non-Emergent Transport only
Ambulance	A0433	ADVANCED LIFE SUPPORT LEVEL 2	For Non-Emergent Transport only
Ambulance	A0434	SPECIALTY CARE TRANSPORT	For Non-Emergent Transport only
Ambulance	A0435	FIX WING AIR MILEAGE-STATUTE MILE	For Non-Emergent Transport only
Ambulance	A0436	ROTARY WING AIR MILEAGE-STATUT MILE	For Non-Emergent Transport only
Ambulance	A0999	UNLISTED AMBULANCE SERVICE	For Non-Emergent Transport only
Amniocentesis (if member < 3	59000	AMNIOCENTESIS DIAGNOSTIC	Member < 35 years of age/ MFM No Auth
Amniocentesis (if member < 3	59001	AMNIOCENTESIS THERAPEUTIC	Member < 35 years of age/ MFM No Auth
Amniocentesis (if member < 3	76946	ECHO GUIDE FOR AMNIOCENTESIS	Member < 35 years of age/ MFM No Auth
Behavioral Health Services	90791	PSYCH DIAGNOSTIC EVALUATION	Visits > 1 Auth Required
Behavioral Health Services	90792	PSYCH DIAG EVAL W/MED SRVCS	Visits > 1 Auth Required
Behavioral Health Services	90870	ELECTROCONVULSIVE THERAPY	UM Required/Auth List
Behavioral Health Services	99201	OFFICE/OUTPATIENT VISIT NEW	Visits > 30 Auth Required
Behavioral Health Services	99202	OFFICE/OUTPATIENT VISIT NEW	Visits > 30 Auth Required
Behavioral Health Services	99203	OFFICE/OUTPATIENT VISIT NEW	Visits > 30 Auth Required
Behavioral Health Services	99204	OFFICE/OUTPATIENT VISIT NEW	Visits > 30 Auth Required
Behavioral Health Services	99205	OFFICE/OUTPATIENT VISIT NEW	Visits > 30 Auth Required
Behavioral Health Services	99211	OFFICE/OUTPATIENT VISIT EST	Visits > 30 Auth Required
Behavioral Health Services	99212	OFFICE/OUTPATIENT VISIT EST	Visits > 30 Auth Required
Behavioral Health Services	99213	OFFICE/OUTPATIENT VISIT EST	Visits > 30 Auth Required
Behavioral Health Services	99214	OFFICE/OUTPATIENT VISIT EST	Visits > 30 Auth Required
Behavioral Health Services	99215	OFFICE/OUTPATIENT VISIT EST	Visits > 30 Auth Required
Behavioral Health Services	99241	OFFICE CONSULTATION	Visits > 30 Auth Required
Behavioral Health Services	99242	OFFICE CONSULTATION	Visits > 30 Auth Required
Behavioral Health Services	99243	OFFICE CONSULTATION	Visits > 30 Auth Required
Behavioral Health Services	99244	OFFICE CONSULTATION	Visits > 30 Auth Required
Behavioral Health Services	99245	OFFICE CONSULTATION	Visits > 30 Auth Required
Behavioral Health Services	G2011	ALC&/SA STRCT ASMT & BRF INT 5-14 M	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required
Behavioral Health Services	G9012	OTH SPEC CASE MGMT SERVICE NEC	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required
Behavioral Health Services	H0004	BEHAVIORAL HEALTH CNSL&TX-15 MIN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required
Behavioral Health Services	H0005	ALCOHL&/RX SRVC; GRP CNSL CLINICIAN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required
Behavioral Health Services	H0011	ALCOHL&/RX SRVC;AC DTOX RES PROG IP	UM Required/Auth List
Behavioral Health Services	H0012	ALCOHL&/RX SRVC; SUB-AC DTOX RES OP	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. SUD Auth Required
Behavioral Health Services	H0014	ALCOHL &/ RX SRVC; AMB DTOXICATION	UM Required/Auth List
Behavioral Health Services	H0015	ALCOHL&/RX SRVC; INTENSV OP; INTRVN	UM Required/Auth List
Behavioral Health Services	H0016	ALCOHL &OR RX SRVC; MEDICAL/SOMATIC	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. SUD Auth Required
Behavioral Health Services	H0020	ALCOHL&/RX SRVC;METHDONE ADMN&/SRVC	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. SUD Auth Required
Behavioral Health Services	H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. SUD Auth Required
Behavioral Health Services	H0035	MENTAL HEALTH PART HOSP TX < 24 HR	UM Required/Auth List
Behavioral Health Services	H0038	SELF-HELP/PEER SERVICES PER 15 MIN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. SUD Auth Required-Modifier Specific
Behavioral Health Services	H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. SUD Auth Required-Modifier Specific
Behavioral Health Services	H0049	ALCOHOL AND/OR DRUG SCREENING	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered.
Behavioral Health Services	H0050	ALCOHOL &/ DRUG SRVC BRF PER 15 MIN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered and SUD Auth Required
Behavioral Health Services	H2010	COMP MEDICATION SERVICES PER 15 MIN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered.
Behavioral Health Services	H2011	CRISIS INTERVEN SERVICE PER 15 MIN	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered.
Behavioral Health Services	H2035	ALCOHOL &OR OTH DRUG TX PROGM-HOUR	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered. / Residential Treatment Requires Auth
Behavioral Health Services	Q9991	INJECTION BU EXT-RLSE <=/ TO 100 MG	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered.
Behavioral Health Services	Q9992	INJ BUPRENORPHINE EXT-RLSE >100 MG	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered.
Behavioral Health Services	S9445	PT ED NOC NON-MD PROV IND SESSION	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered and SUD Auth Required
Behavioral Health Services	T1007	ALCOHOL&/SUBSTANCE ABUSE SERVICES	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered and SUD Auth Required
Behavioral Health Services	T1017	TARGETED CASE MANAGEMENT EA 15 MINS	Age 21 thru 64 and 11 Months Auth Required - H9 MOD Required/Court Ordered
Biofeedback Therapy (All)	90901	BIOFEEDBACK TRAIN ANY METH	UM Required/Auth List
Biofeedback Therapy (All)	90911	BIOFEEDBACK PERI/URO/RECTAL	UM Required/Auth List
Biofeedback Therapy (All)	90912	BFB TRAINING 1ST 15 MIN	UM Required/Auth List
Biofeedback Therapy (All)	90913	BFB TRAINING EA ADDL 15 MIN	UM Required/Auth List
Cardiac Services	76825	ECHO EXAM OF FETAL HEART	UM Required/Auth List
Cardiac Services	76826	ECHO EXAM OF FETAL HEART	UM Required/Auth List
Cardiac Services	76827	ECHO EXAM OF FETAL HEART	UM Required/Auth List
Cardiac Services	76828	ECHO EXAM OF FETAL HEART	UM Required/Auth List
Chiropractic Services (All)	98940	CHIROPRACT MANJ 1-2 REGIONS	UM Required/Auth List
Chiropractic Services (All)	98941	CHIROPRACT MANJ 3-4 REGIONS	UM Required/Auth List
Chiropractic Services (All)	98942	CHIROPRACTIC MANJ 5 REGIONS	UM Required/Auth List
Chiropractic Services (All)	98943	CHIROPRACT MANJ XTRSPINL 1/>	UM Required/Auth List

Circumcision (if over one year	54150	CIRCUMCISION W/REGIONL BLOCK	Over 1 Year of Age - Auth Required
Circumcision (if over one year	54160	CIRCUMCISION NEONATE	Over 1 Year of Age - Auth Required
Circumcision (if over one year	54161	CIRCUM 28 DAYS OR OLDER	Over 1 Year of Age - Auth Required
Circumcision (if over one year	54162	LYSIS PENIL CIRCUMIC LESION	Over 1 Year of Age - Auth Required
Circumcision (if over one year	54163	REPAIR OF CIRCUMCISION	Over 1 Year of Age - Auth Required
CT Angiography	70496	CT ANGIOGRAPHY HEAD	UM Required/Auth List
CT Angiography	70498	CT ANGIOGRAPHY NECK	UM Required/Auth List
CT Angiography	75574	CT ANGIO HRT W/3D IMAGE	UM Required/Auth List
CT Angiography	75635	CT ANGIO ABDOMINAL ARTERIES	UM Required/Auth List
CT Scans	70450	CT HEAD/BRAIN W/O DYE	UM Required/Auth List
CT Scans	70460	CT HEAD/BRAIN W/DYE	UM Required/Auth List
CT Scans	70470	CT HEAD/BRAIN W/O & W/DYE	UM Required/Auth List
CT Scans	70480	CT ORBIT/EAR/FOSSA W/O DYE	UM Required/Auth List
CT Scans	70481	CT ORBIT/EAR/FOSSA W/DYE	UM Required/Auth List
CT Scans	70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	UM Required/Auth List
CT Scans	70486	CT MAXILLOFACIAL W/O DYE	UM Required/Auth List
CT Scans	70487	CT MAXILLOFACIAL W/DYE	UM Required/Auth List
CT Scans	70488	CT MAXILLOFACIAL W/O & W/DYE	UM Required/Auth List
CT Scans	70490	CT SOFT TISSUE NECK W/O DYE	UM Required/Auth List
CT Scans	70491	CT SOFT TISSUE NECK W/DYE	UM Required/Auth List
CT Scans	70492	CT SFT TSUE NCK W/O & W/DYE	UM Required/Auth List
CT Scans	71250	CT THORAX W/O DYE	UM Required/Auth List
CT Scans	71260	CT THORAX W/DYE	UM Required/Auth List
CT Scans	71270	CT THORAX W/O & W/DYE	UM Required/Auth List
CT Scans	71275	CT ANGIOGRAPHY CHEST	UM Required/Auth List
CT Scans	72125	CT NECK SPINE W/O DYE	UM Required/Auth List
CT Scans	72126	CT NECK SPINE W/DYE	UM Required/Auth List
CT Scans	72127	CT NECK SPINE W/O & W/DYE	UM Required/Auth List
CT Scans	72128	CT CHEST SPINE W/O DYE	UM Required/Auth List
CT Scans	72129	CT CHEST SPINE W/DYE	UM Required/Auth List
CT Scans	72130	CT CHEST SPINE W/O & W/DYE	UM Required/Auth List
CT Scans	72131	CT LUMBAR SPINE W/O DYE	UM Required/Auth List
CT Scans	72132	CT LUMBAR SPINE W/DYE	UM Required/Auth List
CT Scans	72133	CT LUMBAR SPINE W/O & W/DYE	UM Required/Auth List
CT Scans	72191	CT ANGIOGRAPH PELV W/O&W/DYE	UM Required/Auth List
CT Scans	72192	CT PELVIS W/O DYE	UM Required/Auth List
CT Scans	72193	CT PELVIS W/DYE	UM Required/Auth List
CT Scans	72194	CT PELVIS W/O & W/DYE	UM Required/Auth List
CT Scans	73200	CT UPPER EXTREMITY W/O DYE	UM Required/Auth List
CT Scans	73201	CT UPPER EXTREMITY W/DYE	UM Required/Auth List
CT Scans	73202	CT UPPR EXTREMITY W/O&W/DYE	UM Required/Auth List
CT Scans	73206	CT ANGIO UPR EXTRM W/O&W/DYE	UM Required/Auth List
CT Scans	73700	CT LOWER EXTREMITY W/O DYE	UM Required/Auth List
CT Scans	73701	CT LOWER EXTREMITY W/DYE	UM Required/Auth List
CT Scans	73702	CT LWR EXTREMITY W/O&W/DYE	UM Required/Auth List
CT Scans	73706	CT ANGIO LWR EXTR W/O&W/DYE	UM Required/Auth List
CT Scans	74150	CT ABDOMEN W/O DYE	UM Required/Auth List
CT Scans	74160	CT ABDOMEN W/DYE	UM Required/Auth List
CT Scans	74170	CT ABDOMEN W/O & W/DYE	UM Required/Auth List
CT Scans	74174	CT ANGIO ABD&PELV W/O&W/DYE	UM Required/Auth List
CT Scans	74175	CT ANGIO ABDOM W/O & W/DYE	UM Required/Auth List
CT Scans	74176	CT ABD & PELVIS W/O CONTRAST	UM Required/Auth List
CT Scans	74177	CT ABD & PELV W/CONTRAST	UM Required/Auth List
CT Scans	74178	CT ABD & PELV 1/> REGNS	UM Required/Auth List
CT Scans	74261	CT COLONOGRAPHY DX	UM Required/Auth List
CT Scans	74262	CT COLONOGRAPHY DX W/DYE	UM Required/Auth List
CT Scans	74263	CT COLONOGRAPHY SCREENING	UM Required/Auth List
CT Scans	75571	CT HRT W/O DYE W/CA TEST	UM Required/Auth List
CT Scans	75572	CT HRT W/3D IMAGE	UM Required/Auth List
CT Scans	75573	CT HRT W/3D IMAGE CONGEN	UM Required/Auth List
CT Scans	76380	CAT SCAN FOLLOW-UP STUDY	UM Required/Auth List
CT Scans	76497	CT PROCEDURE	UM Required/Auth List
Dental Procedures	41899	DENTAL SURGERY PROCEDURE	< age 20 years Auth Required
DME, Orthotics and Prosthetic	A4206	SYRINGE W/NEEDLE STERIL 1 CC/< EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4207	SYRINGE W/NEEDLE STERILE 2 CC EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4208	SYRINGE W/NEEDLE STERILE 3 CC EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4209	SYRINGE W/NEEDLE STERILE 5 CC/> EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4210	NEEDLE-FREE INJECTION DEVICE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4211	SUPPLIES SELF-ADMINED INJECTIONS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4212	NONCORING NEEDLE/STYLET W/WO CATH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4213	SYRINGE STERILE 20 CC/GREATER EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4215	NEEDLE STERILE ANY SIZE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4216	STERL H2O SALINE & OR DXT DIL 10 ML	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4217	STERILE WATER/SALINE 500 ML	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4220	REFILL KIT IMPLANTABLE INFUS PUMP	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	A4222	INFUS SPL EXT RX INFUS PUMP CAS/BAG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4224	SPL MAINT INSULIN INFUS CATH PER WK	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4225	SPL EXT INS INF PMP SYR T CART ST E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4230	INFUS SET EXT INSULIN PUMP NONNDLE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4231	INFUS SET EXT INSULIN PUMP NEEDLE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4232	SYRINGE NDLE EXT INSULIN PUMP STERL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4233	REPL BATT ALK NOT J CELL HOM BG MON	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4234	REPL BATT ALK J CELL HOM BG MON	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4235	REPL BATT LITHIUM HOM BG MON OWN PT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4236	REPL BATT SILVER OXIDE HOM BG MON	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4244	ALCOHOL OR PEROXIDE PER PINT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4245	ALCOHOL WIPES PER BOX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4246	BETADINE/PHISOHEX SOLUTION PER PINT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4247	BETADINE/IODINE SWABS/WIPES PER BOX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4250	URINE TEST/REAGENT STRIPS/TABLETS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4252	BLOOD KETONE TEST/REAGENT STRIP EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4253	BLD GLU TST/REAGT STRIPS HOM MON-50	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4255	PLATFORMS HOM BLD GLU MON 50-BOX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4256	NORMAL LOW&HI CALIBRATOR SOL/CHIPS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4257	REPL LENS SHIELD CARTRIDGE LASR SKN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4258	SPRING-POWERED DEVICE LANCET EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4259	LANCETS PER BOX OF 100	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4263	PERM NONDISSOLV LAC DUCT IMPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4264	PERM IMPL CONTRCPTV TUBAL OCCL DEV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4265	PARAFFIN PER POUND	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4268	CONTRACEPT SUPPLY CONDOM FEMALE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4280	ADHES SKN SUPP ATTCH BRST PROSTH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4281	TUBING FOR BREAST PUMP REPLACEMENT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4282	ADAPTER FOR BREAST PUMP REPLACEMENT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4283	CAP BREAST PUMP BOTTLE REPLACEMENT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4284	BRST SHIELD&SPLSH PROTCTR PUMP REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4285	POLYCARBATE BOTTLE BREAST PUMP REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4286	LOCKING RING BREAST PUMP REPLACMENT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4300	IMPL ACSS CATHETER EXTERNAL ACCESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4301	IMPL ACSS TOTAL CATH PORT/RESERVOIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4305	DISPBL RX DEL SYS RATE 50 ML/>-HR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4306	DISPOSABL RX DEL SYS FLW < 50 ML HR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4310	INSRTION TRAY W/O DRN BAG&W/O CATH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4311	INSRTION TRAY W/O BAG 2-WAY LATEX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4312	INSRTION TRAY W/O BAG 2-WAY SILCON	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4313	INSRT TRAY W/O BAG 3-WAY CNT IRRIG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4314	INSRTION TRAY W/BAG 2-WAY LATEX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4315	INSRTION TRAY W/BAG 2-WAY SILCON	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4316	INSRTION TRAY W/BAG 3-WAY CONT IRRG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4320	IRRIG TRAY W/BULB/PISTON SYRINGE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4322	IRRIGATION SYRINGE BULB/PISTON EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4326	MALE EXT CATH CLCT CHAMB ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4327	FE EXT URIN CLCT DEVC; METL CUP EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4328	FE EXT URIN CLCT DEVICE; POUCH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4330	PERIAN FECAL CLCT POUCH W/ADHES EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4331	EXT DRN TUBING W/CNCTOR/ADAPTR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4332	LUBRICNT INDIVIDUAL STERL PACKET EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4333	URIN CATH ANCHR DEVC ADHES ATTCH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4334	URIN CATH ANCHR DEVICE LEG STRAP EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4338	INDWLL CATH; 2-WAY LATEX W/COAT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4340	INDWELL CATHETER; SPECIALTY TYPE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4344	INDWLL CATH FOLEY 2-WAY SILCON EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4346	INDWLL CATH; FOLY 3-WAY CONT IRRIG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4349	MALE EXT CATH W/WO ADHES DISPBL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4351	INTERMIT URIN CATH; STRAIT TIP EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4352	INTERMIT URIN CATH; COUDE TIP EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4353	INTERMIT URIN CATH W/INSERTION SPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4354	INSRTION TRAY W/DRN BAG W/O CATH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4355	IRRIG TUBING CONT 3-WAY CATH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4356	EXT URETHRAL CLAMP/COMPRS DEVICE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4357	BEDSID DRN BAG DAY/NGT W/WO TUBE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4358	URINARY LEG BAG; VINYL W/WO TUBE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4360	DISP EXT URETHRAL CLAMP/COMP DEV EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4361	OSTOMY FACEPLATE EACH	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	A4362	SKN BARRIER; SOLID 4X4/EQUVALNT; EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4363	OSTOMY CLAMP ANY TYPE REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4364	ADHES LIQUID/EQUAL ANY TYPE-OUNCE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4366	OSTOMY VENT ANY TYPE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4367	OSTOMY BELT EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4368	OSTOMY FILTER ANY TYPE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4369	OSTOMY SKIN BARRIER LIQUID PER OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4371	OSTOMY SKIN BARRIER POWDER PER OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4372	OST SKN BARR SOL 4X4/EQUV STD EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4373	OST SKN BARR W/FLNGE BUILT-IN CONVX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4375	OST POUCH DRNABLE W/FCEPLAT PLST EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4376	OST POUCH DRNABLE W/FCEPLAT RUBR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4377	OST POUCH DRNABLE FCEPLAT PLSTC EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4378	OST POUCH DRAINABLE FCEPLAT RUBR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4379	OST POUCH URIN W/FCEPLAT PLSTC EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4380	OST POUCH URIN W/FCEPLAT RUBR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4381	OST POUCH URIN USE FCEPLAT PLSTC EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4382	OST POUCH URIN FCEPLAT HVY PLSTC EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4383	OST POUCH URIN USE FCEPLAT RUBR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4384	OST FCEPLAT EQUVALNT SILCON RING EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4385	OST SKN BARRIER 4X4 EXT W/O CONVXTY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4387	OST POUCH CLOS BARR BUILT-IN CONVX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4388	OST POUCH DRNABL W/EXT WEAR BARR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4389	OST POUCH DRNBL BARR BUILT-IN CONVX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4390	OST POUCH DRNABLE EXT W/CONVXITY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4391	OST POUCH URIN W/EXT WEAR BARR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4392	OST POUCH URIN STD W/CONVXITY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4393	OST POUCH URIN EXT W/CONVXITY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4394	OSTOMY DEODORANT W/WO LUB PER FL OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4395	OST DEODORANT OST POUCH SOLID-TAB	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4396	OSTOMY BELT W/PERISTOMAL HERN SUP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4397	IRRIGATION SUPPLY; SLEEVE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4399	OST IRRIG SPL; CONE/CATH W/WO BRUSH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4400	OSTOMY IRRIGATION SET	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4402	LUBRICANT PER OUNCE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4404	OSTOMY RING EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4405	OST SKN BARRIER NONPECTIN PASTE-OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4406	OST SKN BARRIER PECTIN PASTE-OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4407	OST SKN BARRIER W/CONVXITY 4X4 IN/<	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4408	OST SKN BARRIER W/CONVXITY > 4X4 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4409	OST SKN BARR EXT W/O CONVX 4X4 IN/<	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4410	OST SKN BARR EXT W/O CONVX >4X4 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4411	OST SKN BARR SOLID 4X4/EQ W/CONVXTY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4412	OST POUCH DRNBL BARR FLNGE W/O FLTR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4413	OST POUCH DRNABL BARRIER FLNGE/FLTR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4414	OST SKN BARRIER W/O CONVX 4X4 IN/<	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4415	OST SKN BARRIER W/O CONVX >4X4 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4416	OST POUCH CLO BARR ATTCH W/FILTR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4417	OST POUCH CLO BARR W/BLT-IN CONVXIT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4418	OST POUCH CLOS; W/O BARR W/FILTR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4419	OST POUCH CLOS; BARRIER W/NON-LOCK	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4420	OST POUCH CLO;USE BARR LOCK FLNG EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4421	OSTOMY SUPPLY; MISCELLANEOUS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4422	OST ABSORB MATL THICKN LQD STOML OP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4423	OST POUCH CLOS; BARR W/LOCK FLNG EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4424	OST POUCH DRNBL BARR ATTCH FLTR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4425	OST POUCH DRNBL; BARR NON-LOCK FLNG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4426	OST POUCH DRNBL;BARR W/LOCK FLNG EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4427	OST POUCH DRN;BARR LOCK FLNG FLTR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4428	OST POUCH URIN W/FAUCET TAP W/VALVE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4429	OST POUCH URIN W/BLT-IN CONVX VALVE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4430	OST POUCH URN BLT-IN CNVX FAUCT VLV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4431	OST POUCH URIN;BARR FAUCT TAP VLV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4432	OST POUCH URN;NO-LCK FLNG FAUCT VLV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4433	OST POUCH URIN; BARR W/LOCK FLNG EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4434	OST POUCH URN;LOCK FLNG FAUCT VLV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4435	OST POUCH DRN HI OP EXT WR BARR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4450	TAPE NON-WATERPROOF 18 SQUARE IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4452	TAPE WATERPROOF PER 18 SQUARE IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4455	ADHESIVE REMOVER/SOLVENT PER OUNCE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4456	ADHESIVE REMOVER WIPES ANY TYPE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4461	SURG DRESSING HOLDR NON-REUSABLE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4465	NONELASTIC BINDER FOR EXTREMITY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4467	BELT STRAP SLV GARMENT/COV ANY TYPE	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	A4481	TRACHEOSTOMA FLTR TYPE SZ EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4483	MOISTR EXCHGR DISPBL W/INVASV VENT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4490	SURG STOCKING ABOVE KNEE LENGTH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4495	SURGICAL STOCKING THIGH LENGTH EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4500	SURG STOCKING BELOW KNEE LENGTH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4510	SURGICAL STOCKING FULL-LENGTH EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4550	SURGICAL TRAYS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4553	NON-DISPOSABLE UNDERPADS ALL SIZES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4554	DISPOSABLE UNDERPADS ALL SIZES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4556	ELECTRODES PER PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4557	LEAD WIRES PER PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4558	CONDUCTVE GEL/PASTE USE W/ELEC DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4561	PESSARY RUBBER ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4562	PESSARY NON RUBBER ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4565	SLINGS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4566	SHOULDR SLING/VEST ABD RSTRN PREFAB	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4570	SPLINTS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4595	ELEC STIM SUPPLIES 2 LEAD PER MONTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4600	SLEEVE INTERMITT LIMB COMP REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4602	REPL BA EXT IP OWND PT LI 1.5 V EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4605	TRACHEAL SUCTION CATH CLOS SYS EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4606	O2 PROBE W/OXIMETER DEVICE REPLCMT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4614	PEAK EXPIRATORY FLW METER HAND HELD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4617	MOUTHPIECE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4618	BREATHING CIRCUITS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4620	VARIABLE CONCENTRATION MASK	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4623	TRACHEOSTOMY INNER CANNULA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4624	TRACHEAL SUCTN CATH NOT CLOS SYS EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4625	TRACHEOST CARE KIT NEW TRACHEOST	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4626	TRACHEOSTOMY CLEANING BRUSH EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4627	SPACR BAG/RESRVOR METRD DOSE INHAL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4628	OROPHARYNGEAL SUCTION CATHETER EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4629	TRACHEOST CARE KIT EST TRACHEOST	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4630	REPL BATTERY TRNSQ ELEC STIM OWND PT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4635	UNDERARM PAD CRUTCH REPLACEMENT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4637	REPL TIP CANE CRUTCH WALKER EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4640	REPL PAD W/ALTRNAT PRSS PAD OWND PT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4651	CALIBRATED MICROCAPILLARY TUBE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4652	MICROCAPILLARY TUBE SEALANT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4660	SPHYGMOMANOMETER/BP W/CUFF&STETH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4663	BLOOD PRESSURE CUFF ONLY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4671	DISPBL CYCLR SET USED W/CYCLR DIALY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4722	DIALYSATE FL>1999<=2999CC DIALYSIS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4772	BLD GLU TEST STRIPS DIALYSIS PER 50	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4860	DISPBL CATH TIP PERITON DIALYSIS-10	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4927	GLOVES NON-STERILE PER 100	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4928	SURGICAL MASK PER 20	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A4930	GLOVES STERILE PER PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5054	OST POUCH CLOS; BARRIER W/FLNGE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5055	STOMA CAP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5056	OST POUCH DRAIN EXT BARRIER FLTR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5061	OST POUCH DRNABLE; W/BARR ATTCH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5062	OST POUCH DRNABLE; W/O BARR ATTCH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5063	OST POUCH DRNABLE; BARR W/FLNGE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5071	OST POUCH URIN; W/BARRIER ATTCH EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5120	SKIN BARRIER WIPES OR SWABS EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5121	SKN BARRIER; SOLID 6X6/EQUVALNT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5122	SKN BARRIER; SOLID 8X8/EQUVALNT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5126	ADHES/NON-ADHES; DISK/FOAM PAD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5131	APPLINC CLNR INCONT&OST APPLN-16 OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5200	PERQ CATH/TUBE ANCHR DEVC ADHES SKN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A5501	DM ONLY CSTM PREP SHOE MOLD PTS FT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6021	COLL DRESS PAD SIZE 16 SQ/LESS EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6022	COLL DRSG STRL>16 BUT<=48 SQ IN EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6154	WOUND POUCH EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6196	ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6197	ALGINAT/OTH FIBR GELL >16<=48 SQEA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6209	FOAM DRESS STERL 16 SQ/< NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6210	FOAM DRESS >16 <=48SQ W/O ADHES EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6211	FOAM DRESS STERL > 48 SQ NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6212	FOAM DRESS 16 SQ/< W/ADHES BORDR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6213	FOAM DRESS >16 <= 48 SQ W/ADHES EA	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	A6214	FOAM DRESS > 48 SQ W/ADHES BORDR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6215	FOAM DRESSING WOUND FIL STERL PER G	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/<	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6217	GAUZE NON-IMPREG NONSTRL >16<=48SQ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6219	GAUZE NON-IMPREG STERL 16 SQ/<ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6221	GAUZE NON-IMPREG > 48 SQ W/ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6222	GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6223	GAUZ IMPREG NOT H2O/HYDRGL >16<=48	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6224	GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6230	GAUZ IMPREG H2O/SALINE STERL >48 SQ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6231	GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6232	GAUZ IMPREG HYDRGEL DIR >16 <= 48	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6233	GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6234	HYDROCOLLOID DRESS 16 SQ/< W/O ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6235	HYDROCOLLOID DRESS >16<=48 NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6236	HYDROCOLLOID DRESS >48 SQ W/O ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6237	HYDROCOLLOID DRESS 16 SQ/< W/ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6238	HYDROCOLLOID DRESS >16<= 48 W/ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6240	HYDROCOLLOID DRESS FIL PASTE-FL OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6248	HYDROGEL DRESS WOUND FIL GEL FL OZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6250	SKN SEALNT PROTCT MOISTURZR OINTMNT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6251	SPCLTY ABSORB DRESS 16SQ/< NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6252	SPCL ABSORB DRESS >16<=48 NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6253	SPCLTY ABSORB DRESS >48 SQ NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6257	TRNSPRT FILM STERL 16 SQ/< EA DRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6258	TRNSPRT FILM >16 SQ BUT <=48 SQ EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6259	TRNSPRT FILM STERL > 48 SQ EA DRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6260	WOUND CLEANSERS ANY TYPE ANY SIZE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6266	GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6402	GAUZ NON-IMPREG STERL 16 SQ/< NO AD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6403	GAUZ NON-IMPREG STERL >16 <= 48 SQ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6404	GAUZ NON-IMPREG STRL >48SQ NO ADHES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6410	EYE PAD STERILE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6411	EYE PAD NON-STERILE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6412	EYE PATCH OCCLUSIVE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6441	PADD BANDGE NON-ELAST NON-WOVEN/NON	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6442	CONFORMING BANDGE NON-ELAST KNITTED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6443	CONFORMING BANDGE NON-ELAST KNITTED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6444	CONFORMING BANDGE NON-ELAST KNITTED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6445	CONFORMING BANDGE NON-ELAST KNITTED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6446	CONFORMING BANDGE NON-ELAST KNITTED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6447	CONFORMING BANDGE NON-ELAST KNITTED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6448	LT COMPRS BANDGE ELAST WDTN < 3 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6449	LT COMPRS BANDGE WDTN >= 3 & <5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6450	LT COMPRS BANDGE WDTN >= 5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6451	MOD COMPRS BANDGE WD >= 3 & <5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6452	HI COMPRS BANDGE WD >= 3 & <5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6453	SELF-ADHERENT BANDGE WDTN <= 3 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6454	SLF ADHERNT BANDGE WD >= 3 & <5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6455	SELF-ADHERENT BANDGE WDTN >= 5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6456	ZINC PAST BANDGE WD >= 3 & <5 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6457	TUBULR DRSG W/WO ELAST WDTN LINR YD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6530	GRADIENT COMPRS STK BK 18-30 MMHG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6531	GRADIENT COMPRS STK BK 30-40 MMHG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6533	GRADENT COMPRS STK THIGH 18-30 MMHG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6536	GRADENT COMPRS STK FULL 18-30 MMHG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6539	GRADENT COMPRS STK WAIST 18-30 MMHG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6549	GRADIENT COMP STOCKING/SLEEVE NOS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A6550	WND CARE SET NEG PRSS WND TX PUMP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7000	CANISTER DISPBL USED W/SUCTN PUMP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7002	TUBING USED WITH SUCTION PUMP EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7003	ADMN SET SM VOL NONFILTR NEB DISPBL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7004	SM VOL NONFILTR PNEUMAT NEB DISPBL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7005	ADMN SET SM VOL NONFLTR NEB NONDISP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7006	ADMN SET W/SM VOL FILTR NEBULIZR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7007	LG VOL NEBULIZR DISPBL UNFIL COMPRS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7009	RESRVOR BOTTLE LG VOL US NEBULIZR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7010	CORUG TUBE DISPBL LG VOL NEB 100 FT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7012	WATER COLLEC DEV USE W/LG VOL NEB	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7013	FILTER DISP W/AREO COMPRESS/US GEN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7015	AREO MASK USED W/ DME NEB	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7018	H2O DIST USE W/LG VOL NEB 1000 ML	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	A7025	HI FREQ CHST WALL OSCILAT VEST REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7026	HI FREQ CHST WALL OSCILAT HOSE REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7027	COMB ORAL/NASAL MASK W/CPAP EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7028	ORAL CUSH ORAL/NASAL MASK REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7029	NASL PILLOW ORL/NASL MASK REPL PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7031	FCE MASK INTERFCE REPL FULL MASK EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7032	CUSHN NASAL MASK INTF REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7033	PILLW NASL CANNULA TYPE INTF REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7034	NASL INTERFCE POS ARWAY PRSS DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7036	CHINSTRAP USE W/POS ARWAY PRSS DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7037	TUBING USED W/POS ARWAY PRESS DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7046	WATR CHAMB HUMDIFIR USED W/POS ARWA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7048	VACUUM DRN CLCT U & TUBING KIT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7521	TRACHEOST/LARYNGECT TUBE CUFF PVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7522	TRACHEOST/LARYNGECT TUBE STNLESS ST	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7525	TRACHEOSTOMY MASK EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A8000	HELMET PROTECTIVE SOFT PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	A8001	HELMET PROTECTIVE HARD PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	A8002	HELMET PROTECTIVE SOFT CUSTOM FAB	UM Required/Auth List
DME, Orthotics and Prosthetic	A8003	HELMET PROTECTIVE HARD CUSTOM FAB	UM Required/Auth List
DME, Orthotics and Prosthetic	A8004	SOFT INTERFACE FOR HELMET REPL ONLY	UM Required/Auth List
DME, Orthotics and Prosthetic	A9150	NONPRESCRIPTION DRUG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9153	MULTIPLE VITAMINS ORAL PER DOSE NOS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9274	EXT AMB INSULIN DEL SYS DISPOSBL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9275	HOME GLU DISPBL MON W/TEST STRIPS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9279	MON FEATURE/DEVC ALONE/INTEGRAT NOC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9284	SPIROMETER NONELECTRONC INCL ACCESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9285	INVERSION/EVERSION CORRECTION DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9286	HYG I/DVC DISPBL/NON-DISPBL ANY T E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9500	TC-99M SESTAMIBI DX PER STUDY DOSE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9502	TC-99M TETROFOSMIN DX - STUDY DOSE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9504	TC-99M APCITIDE DX UP TO 20 MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9505	TL-201 THALLOUS CHLORID DX PER MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9507	IN-111 CAPROMB PENDETD DX TO 10 MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9508	I-131 IOBENGUANE SULFATE DX 0.5 MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9510	TC-99M DISOFENIN DX UP TO 15 MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9587	GALLIUM GA-68 DOTATATE DX 0.1 MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B4034	ENTERAL FEED SPL KIT; SYRINGE DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B4035	ENTERAL FEED SPL KIT; PUMP FED-DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B4036	ENTERAL FD SPL KIT; GRAVITY FED-DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B4081	NASOGASTRIC TUBING WITH STYLET	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B4082	NASOGASTRIC TUBING WITHOUT STYLET	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B4083	STOMACH TUBE - LEVINE TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B4087	GASTROSTOMY/J-TUBE STANDARD EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B4088	GASTROSTOMY/J-TUBE LOW-PROFILE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B4100	FOOD THICKENER ADMINED ORALLY-OUNCE	UM Required/Auth List
DME, Orthotics and Prosthetic	B4102	ENTRAL F ADLT REPL FL&LYTES 500 ML	UM Required/Auth List
DME, Orthotics and Prosthetic	B4103	ENTRAL F PED REPL FL&LYTES 500 ML	UM Required/Auth List
DME, Orthotics and Prosthetic	B4104	ADDITIVE FOR ENTERAL FORMULA	UM Required/Auth List
DME, Orthotics and Prosthetic	B4149	ENTRAL F MANF BLNDRIZD NAT FOODS	UM Required/Auth List
DME, Orthotics and Prosthetic	B4150	ENTRAL F NUTRITIONALLY COMPLETE	UM Required/Auth List
DME, Orthotics and Prosthetic	B4152	ENTRAL F NUTRITION CMPL CAL DENSE	UM Required/Auth List
DME, Orthotics and Prosthetic	B4153	ENTRL F NUTRTN CMPL HYDROLYZD PROTS	UM Required/Auth List
DME, Orthotics and Prosthetic	B4154	ENTRAL F CMPL NO INHERITED DZ METAB	UM Required/Auth List
DME, Orthotics and Prosthetic	B4155	ENTRAL F NUTRITN INCMPL/MOD NUTRNTS	UM Required/Auth List
DME, Orthotics and Prosthetic	B4157	ENTRAL F CMPL INHERITED DZ METAB	UM Required/Auth List
DME, Orthotics and Prosthetic	B4158	ENTRAL F PED NUTRITION COMPLETE	UM Required/Auth List
DME, Orthotics and Prosthetic	B4159	ENTRAL F PED NUTRITN CMPL SOY BASD	UM Required/Auth List
DME, Orthotics and Prosthetic	B4160	ENTRAL F PED NUTRITN CMPL CAL DENSE	UM Required/Auth List
DME, Orthotics and Prosthetic	B4161	ENTRAL F PED HYDROLYZED/AA PROTEINS	UM Required/Auth List
DME, Orthotics and Prosthetic	B4162	ENTRAL F PED INHERITED DZ METAB	UM Required/Auth List
DME, Orthotics and Prosthetic	B4164	PARNTRAL NUT SOL; CARBS 50%< HOM	UM Required/Auth List
DME, Orthotics and Prosthetic	B4168	PARNTRAL NUT SOL; AMINO ACID 3.5%	UM Required/Auth List
DME, Orthotics and Prosthetic	B4172	PARNTRAL NUT SOL; AMINO ACID 5.5-7%	UM Required/Auth List
DME, Orthotics and Prosthetic	B4176	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	UM Required/Auth List

DME, Orthotics and Prosthetic	B4178	PARNTRAL NUT SOL; AMINO ACID > 8.5%	UM Required/Auth List
DME, Orthotics and Prosthetic	B4180	PARNTRAL NUT SOL; CARBS > 50% HOM	UM Required/Auth List
DME, Orthotics and Prosthetic	B4185	PARENTERAL NUTR SOL NOS 10 G LIPIDS	UM Required/Auth List
DME, Orthotics and Prosthetic	B4189	PARNTRAL NUT;AMINOACID&CARB 10-51GM	UM Required/Auth List
DME, Orthotics and Prosthetic	B4193	PARNTRAL NUT;AMINOACID&CARB 52-73GM	UM Required/Auth List
DME, Orthotics and Prosthetic	B4197	PARNTRL NUT;AMINOACID&CARB 74-100GM	UM Required/Auth List
DME, Orthotics and Prosthetic	B4199	PARNTRAL NUT;AMINO ACID&CARB >100GM	UM Required/Auth List
DME, Orthotics and Prosthetic	B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B4220	PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B4222	PARNTRAL NUT SPL KIT; HOM MIX-DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B4224	PARNTRAL NUTRITION ADMIN KIT-DAY	UM Required/Auth List
DME, Orthotics and Prosthetic	B5000	PARNTRAL NUT; AMINO ACID&CARBS RENL	UM Required/Auth List
DME, Orthotics and Prosthetic	B5100	PARENTERL NUT SOL AMINO ACID & CARB	UM Required/Auth List
DME, Orthotics and Prosthetic	B5200	PARNTRL NUT AMINO ACID & CARS STRSS	UM Required/Auth List
DME, Orthotics and Prosthetic	B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B9004	PARNTRAL NUTRIT INFUS PUMP PRTBLE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B9006	PARNTRAL NUTRIT INFUS PUMP STATION	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	B9998	NOC FOR ENTERAL SUPPLIES	UM Required/Auth List
DME, Orthotics and Prosthetic	B9999	NOC FOR PARENTERAL SUPPLIES	UM Required/Auth List
DME, Orthotics and Prosthetic	C1779	LEAD PACEMKR TRNS VDD SINGLE PASS	UM Required/Auth List
DME, Orthotics and Prosthetic	C1785	PACEMKR DUAL CHAMB RATE-RESPONSIVE	UM Required/Auth List
DME, Orthotics and Prosthetic	C1900	LEAD LT VENTRICULAR CORON VENUS SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	E0100	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0110	CRTCHES FORARM VARIOUS MATL PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0116	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0143	WALKER FOLD WHEELED ADJUSTBL/FIX HT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0147	WALKR HEVY DUTY MX BRAKE VARIBL WHL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0149	WALKER HEVY DUTY WHEELD ANY TYPE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0154	PLATFORM ATTACHMENT WALKER EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0158	LEG EXTENSIONS WALKER PER SET FOUR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0163	COMMODE CHAIR WITH FIXED ARMS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0165	COMMODE CHAIR WITH DETACHABLE ARMS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0181	PWR PRESS RED MATTRESS PAD W/PUMP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0182	PUMP ALTERNATING PRESSURE PAD REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0184	DRY PRESSURE MATTRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0186	AIR PRESSURE MATTRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0187	WATER PRESSURE MATTRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0188	SYNTHETIC SHEEPSKIN PAD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0190	PSTN CUSH/PILLOW/EDGE ALL COMPONENT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0210	ELECTRIC HEAT PAD STANDARD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0217	WATER CIRCULATING HEAT PAD W/PUMP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0218	FLUID CIRC COLD PAD W/PUMP ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0244	RAISED TOILET SEAT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0247	TRNSF BENCH TUB/TOILET W/WO COMMODE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0255	HOS BED VARIBL HT W/RAIL W/MATRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0260	HOS BED SEMI-ELEC W/RAIL W/MATRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0277	POWER PRESSURE-REDUCING AIR MATTRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0300	PED CRIB HOS GRADE ENC W/WO TOP ENC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0301	HOS BED HEVY DUTY W/WT CAP >350 PDS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0302	HOS BED WT CAP>600 W/O MATTRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0303	HOS BED HEVY DUTY WT CAP >350<=600	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0304	HOS BED XTRA HD WT CAP>600 MITRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0305	BEDSIDE RAILS HALF-LENGTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0310	BEDSIDE RAILS FULL-LENGTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0315	BED ACCESS: BOARD/TABL/SUPPRT DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0325	URINAL; MALE JUG-TYPE ANY MATERIAL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0326	URINAL; FE JUG-TYPE ANY MATERIAL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0328	HOSP BED PED MANUAL INCL MATTRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0329	HOSP BED PED ELECTRIC INCL MATTRESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0370	AIR PRESSURE ELEVATOR FOR HEEL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0371	NONPWR PRSS RDOC OVRLAY MATTRSS STD	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0373	NONPWR ADVD PRESS REDUCING MATTRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0424	STATION COMPRS GASOUS O2 SYS RENT;	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0431	PRTBLE GASEOUS O2 SYS RENTAL;	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0434	PRTBLE LIQUID O2 SYS RENTAL;	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0439	STATION LIQUID O2 SYS RENTAL;	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0441	STATIONARY O2 CONT GAS 1 MO SPL=1 U	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0442	STATIONARY O2 CONT LQD 1 MO SPL=1 U	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0465	HOME VENT ANY TYPE USED INVASV INTF	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0466	HOME VENT TYPE USED NON-INVASV INTF	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABIL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABIL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0482	COUGH STIM DEVC ALTRNAT POS&NEG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0483	HIGH FREQ CHEST WALL OSC SYS EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0550	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0560	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0561	HUMDIFIR NON-HEAT USED W/POS AIRWAY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0570	NEBULIZER WITH COMPRESSOR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0600	RESP SUCTN PUMP HOME MODEL ELEC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	UM Required/Auth List
DME, Orthotics and Prosthetic	E0603	BREAST PUMP ELECTRIC ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0604	BREAST PUMP HEVY DUTY HOSP GRADE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0619	APNEA MONITOR W/RECORDING FEATURE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0630	PATIENT LIFT HYRAULIC/MECH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0637	COMB SIT STAND FRAME/TABLE SEATLIFT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0638	STAND FRAME/TABLE SYS 1 POS ANY SZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0641	STAND FRAME/TABLE SYS MX-POS ANY SZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0642	STAND FRAME/TABLE SYS MOBILE ANY SZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0665	NONSEG PNEUMAT APPLINC FULL ARM	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0671	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0705	TRANSFER DEVICE ANY TYPE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0730	TENS DEVICE 4/> LEADS MX NERVE STIM	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0731	FORM FIT CONDUCT GARM TENS/NMES	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0745	NEUROMUSC STIM ELEC SHOCK UNIT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0748	OSTOGNS STIM NONINVASV SP APPLIC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0760	OSTOGNS STIM LW INTENS US NONINVASV	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0776	IV POLE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0784	EXTERNAL AMB INFUSION PUMP INSULIN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0791	PAR INFUS PUMP STAT SINGLE/MXCHANNEL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0935	CONT PSV MOT EXER DEVC KNEE ONLY	UM Required/Auth List
DME, Orthotics and Prosthetic	E0945	EXTREMITY BELT/HARNESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0950	WHEELCHAIR ACCESSORY TRAY EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0951	HEEL LOOP/HOLDER ANY TYPE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0952	TOE LOOP/HOLDER ANY TYPE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0953	WC AC LAT THIGH/KNEE SUPP ANY TY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0955	WC ACSS HEADREST CUSHND HARDWARE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0956	WC ACSS LAT TRNK/HIP HARDWARE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0957	WC ACSS MED THI SUPP HARDWARE EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0973	WC ACCSS ADJ HT DTACH ARMST EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1002	WC ACSS PWR SEATING SYS TILT ONLY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1012	WC ACCESS PWR SEAT SYS CNTR MNT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1029	WHEELCHAIR ACCESS VENT TRAY FIX	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1050	FULL RECLINE WC FIX ARM DETACH LEGS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1060	FULL RECLN WHLCHR;DTACH ARM LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1070	FULL RECLN WHLCHR;DTACH ARM FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1083	HEMI-W/C; FIXED ARM DETACH LEGREST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1084	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1085	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1086	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1087	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1088	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1089	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1090	HI-STRGTH WHLCHR;DTACH ARM FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1092	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	UM Required/Auth List
DME, Orthotics and Prosthetic	E1093	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	E1100	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	UM Required/Auth List
DME, Orthotics and Prosthetic	E1110	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1130	STD WHLCHAIR; FIX ARM DTACH FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1140	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1150	WHLCHAIR; DTACHBLE ARMS LEGRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1160	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1161	MANUAL ADLT SZ WC INCL TILT SPACE	UM Required/Auth List
DME, Orthotics and Prosthetic	E1170	AMP WHLCHAIR; FIX ARM DTACH LEGREST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1171	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1172	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1180	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1190	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1195	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1220	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	UM Required/Auth List
DME, Orthotics and Prosthetic	E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1222	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1223	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1224	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1225	WC ACCESS MNL SEMIRECLINING BACK EA	UM Required/Auth List
DME, Orthotics and Prosthetic	E1226	WC ACCESS MNL FULL RECLIN BACK EA	UM Required/Auth List
DME, Orthotics and Prosthetic	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	E1229	WHEELCHAIR PEDIATRIC SIZE NOS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	UM Required/Auth List
DME, Orthotics and Prosthetic	E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	UM Required/Auth List
DME, Orthotics and Prosthetic	E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	UM Required/Auth List
DME, Orthotics and Prosthetic	E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	UM Required/Auth List
DME, Orthotics and Prosthetic	E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	UM Required/Auth List
DME, Orthotics and Prosthetic	E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1240	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	UM Required/Auth List
DME, Orthotics and Prosthetic	E1250	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1260	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1270	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1280	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1285	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	E1290	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1295	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	UM Required/Auth List
DME, Orthotics and Prosthetic	E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	UM Required/Auth List
DME, Orthotics and Prosthetic	E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	UM Required/Auth List
DME, Orthotics and Prosthetic	E1298	SPCL WHLCHAIR SEAT DPTH&/WIDTH CNSTR	UM Required/Auth List
DME, Orthotics and Prosthetic	E1353	REGULATOR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1355	STAND/RACK	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1372	IMMERSION EXTERNAL HEATER NEBULIZER	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1390	O2 CONC 85%>O2 CONC PRSC FLW RATE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1399	DME MISCELLANEOUS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1594	CYCLR DIALYSIS MACH PERITON DIALYS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1800	DYN ADJUSTABLE ELB EXT/FLX DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E1815	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2201	MNL WC ACSS SEAT WTH >=20 IN &<24	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2203	MNL WC ACSS SEAT DEPTH 20 < 11 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2205	MNL WC HANDRIM W/O PROJ REPL EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2206	MANL WC AC WL ASM CMPL REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2208	WHEELCHAIR ACCESS CYL TANK CARR EA	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	E2209	ARM TROUGH W/WO HAND SUPPORT EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2210	WC ACCESS BEARINGS ANY TYPE REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2211	MNL WC ACCESS PNEUMAT PROPULSN TIRE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2212	MNL WC TUBE PNEUMAT PROPULSION TIRE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2213	MNL WC INSRT PNEUMAT PROPULSN TIRE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2219	MNL WC ACSS FOAM CASTER TIRE ANY SZ	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2220	MNL WC AC SLD PROP T SZ RPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2221	MNL WC AC SLD C TIR SZ REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2224	MNL WC AC P WHL EXCL T SZ RPL ONL E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2225	MNL WC CASTR WHL EXCLD TIRE REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2293	BACK CONTRD PED WC ATTCH HARDWARE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2294	SEAT CONTRD PED WC ATTCH HARDWARE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2300	WC ACC PWR SEAT ELEV SYS ANY TYPE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTR	UM Required/Auth List
DME, Orthotics and Prosthetic	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2313	POWER AC HARNESS UPGRD EXP CONTRLLR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2330	PWR WC ACSS PROX SWTCH NOPROPRTNL	UM Required/Auth List
DME, Orthotics and Prosthetic	E2359	PWR WC GRP 34 SEALED LA BATT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2361	PWR WC ACSS 22NF SEALED LEAD BATTERY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2363	PWR WC ACSS GRP 24 SEALED BATTERY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2392	PWR WC S CASTR TIRE INTEGRT REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2396	PWR WC CASTER FORK REPL ONLY EACH	UM Required/Auth List
DME, Orthotics and Prosthetic	E2402	NEG PRSS WND TX PUMP STATN/PRTBL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2599	ACCESS SPEECH GENERATING DEVICE NOC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2602	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2607	SKN PROTCT&PSTN WC SEAT WDTH <22IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2613	PSTN WC BACK CUSHN POST WDTH <22 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2617	CSTM FAB WC BACK CUSHION ANY SIZE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2619	REPL COVER WC SEAT/BACK CUSHN EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E2624	SKIN PROTCT&POSITION WC CUSH WD <22	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0001	STANDARD WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0002	STANDARD HEMI WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0003	LIGHTWEIGHT WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0006	HEAVY-DUTY WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0008	Custom manual wheelchair/base	UM Required/Auth List
DME, Orthotics and Prosthetic	K0009	OTHER MANUAL WHEELCHAIR/BASE	UM Required/Auth List
DME, Orthotics and Prosthetic	K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	UM Required/Auth List
DME, Orthotics and Prosthetic	K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0017	DTACHBLE ADJUST HT ARMREST REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0018	DTACH ADJ HT ARMST UP PRTN REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0019	ARM PAD REPLACEMENT ONLY EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0038	LEG STRAP EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0039	LEG STRAP H STYLE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0041	LARGE SIZE FOOTPLATE EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0042	STANDARD SIZE FOOTPLTE REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0043	FOOTREST LWR EXT TUBE REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0044	FOOTREST UPR HGR BRKT REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0045	FOOTREST CMPL ASSEMBLY REPL ONLY EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0046	ELEVAT LEGRST L EXT TUBE RPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0047	ELEVAT LEGRST UP HGR BRKT RPL ONLY E	> \$500.00 Auth Required

DME, Orthotics and Prosthetic	K0051	CAM RLS ASSM FTRST/LGRST RPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0052	SWNGAWAY DTACHBLE FTRSTS RPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0053	ELEVATING FOOTRESTS ARTICULATING EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0056	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0065	SPOKE PROTECTORS EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0069	RW ASM Cmpl SOLID T SPKE/MLD RPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0070	RW ASM CMP PN T SPKS/MLD RPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0071	FRT C ASM COMPL PN TIRE REPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0072	FRT C ASM Cmpl SEMIPN T RPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0073	CASTER PIN LOCK EACH	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0077	FRT C ASM Cmpl SLD TIRE REPL ONLY E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0098	DRIVE BELT FOR POWER WC REPL ONLY	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0552	SPL EX N-INS RX INF PMP SYR CRT S E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0553	SPL ALLOW TX CGM1 MO SPL = 1 U SRVC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0554	RECEIVER DEDICATED TX GCM SYS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0602	REPL BATTERY SILVER OXIDE 3 V EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0607	REPL BATTERY AUTO EXT DEFIB EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0609	REPL ELECTRODE W/AUTO EXT DEFIB EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0739	REPR/SRVC DME NOT O2 PER 15 MINS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	UM Required/Auth List
DME, Orthotics and Prosthetic	K0801	PWR OP VEH GRP 1 HVY PT 301-450 LBS	UM Required/Auth List
DME, Orthotics and Prosthetic	K0802	PWR OP VEH GRP 1 HVY PT 451-600 LBS	UM Required/Auth List
DME, Orthotics and Prosthetic	K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	UM Required/Auth List
DME, Orthotics and Prosthetic	K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	UM Required/Auth List
DME, Orthotics and Prosthetic	K0808	PWR OP VEH GRP 2 PT 451-600 LBS	UM Required/Auth List
DME, Orthotics and Prosthetic	K0812	POWER OPERATED VEHICLE NOC	UM Required/Auth List
DME, Orthotics and Prosthetic	K0813	PWR WC GRP 1 SLING SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0815	PWR WC GRP 1 SLING PT UP TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0816	PWR WC GRP 1 CAPT CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0820	PWR WC GRP 2 SLING SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0821	PWR WC GRP 2 CAPT CHAIR TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0822	PWR WC GRP 2 SLING SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0823	PWR WC GRP 2 CAPT CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0824	PWR WC GRP 2 SLING SEAT PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0825	PWR WC GRP 2 CAPT CHAIR PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0826	PWR WC GRP 2 SLING SEAT PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0827	PWR WC GRP 2 CAPT CHAIR PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0828	PWR WC GRP 2 SLING SEAT PT 601/>	UM Required/Auth List
DME, Orthotics and Prosthetic	K0829	PWR WC GRP 2X HVY DUTY CHR PT 601/>	UM Required/Auth List
DME, Orthotics and Prosthetic	K0830	PWR WC 2 SEAT ELEV SLING PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0831	PWR WC 2 SEAT ELEV CAPT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0835	PWR WC GRP 2 1 PWR SLING PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0836	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0837	PWR WC GRP 2 1 PWR SLING PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0838	PWR WC 2 1 PWR CAPT CHR PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0839	PWR WC 2 1 PWR SLNG SEAT PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0840	PWR WC GRP 2 1 PWR SLING PT 601/>	UM Required/Auth List
DME, Orthotics and Prosthetic	K0841	PWR WC GRP 2 MX PWR SLING PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0842	PWR WC 2 MX PWR CAPT CHR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0843	PWR WC 2 MX PWR SLING PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0848	PWR WC GRP 3 SLING SEAT PT TO &=300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0850	PWR WC GRP 3 SLING SEAT PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0851	PWR WC GRP 3 CAPT CHAIR PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0852	PWR WC GRP 3 SLING SEAT PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0853	PWR WC GRP 3 CAPT CHAIR PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0854	PWR WC GRP 3 SLING SEAT PT 601 LB/>	UM Required/Auth List
DME, Orthotics and Prosthetic	K0855	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	UM Required/Auth List
DME, Orthotics and Prosthetic	K0856	PWR WC 3 1 PWR SLING SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0857	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0858	PWR WC 3 1 PWR SLNG SEAT PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0859	PWR WC 3 1 CAP CHAIR PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0860	PWR WC 3 1 PWR SLNG SEAT PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0861	PWR WC 3 MX PWR SLNG SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0862	PWR WC 3 MX PWR SLING PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0863	PWR WC 3 MX PWR SLING PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0864	PWR WC 3 MX PWR SLNG SEAT PT 601/>	UM Required/Auth List
DME, Orthotics and Prosthetic	K0868	PWR WC GRP 4 SLING SEAT PT TO &=300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0870	PWR WC GRP 4 SLING SEAT PT 301-450	UM Required/Auth List

DME, Orthotics and Prosthetic	K0871	PWR WC GRP 4 SLING SEAT PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600	UM Required/Auth List
DME, Orthotics and Prosthetic	K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300	UM Required/Auth List
DME, Orthotics and Prosthetic	K0886	PWR WC 4 MX PWR SLING PT 301-450	UM Required/Auth List
DME, Orthotics and Prosthetic	K0890	PWR WC 5 PED 1 PWR SLING PT TO 125	UM Required/Auth List
DME, Orthotics and Prosthetic	K0891	PWR WC 5 PED MX PWR SLING PT TO 125	UM Required/Auth List
DME, Orthotics and Prosthetic	K0898	POWER WHEELCHAIR NOC	UM Required/Auth List
DME, Orthotics and Prosthetic	K0899	PWR MOBILTY DEVC NOT CODED DME PDAC	UM Required/Auth List
DME, Orthotics and Prosthetic	L0112	CRANIL CERV ORTHOS CONGN TORTICOLLI	UM Required/Auth List
DME, Orthotics and Prosthetic	L0113	CRANIL CERV ORTHOS TORTICOLLI PRFB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0120	CERVICAL FLEX NONADJUSTABLE PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0130	CERV FLXBL THRMOPSTC COLLR MOLD PT	UM Required/Auth List
DME, Orthotics and Prosthetic	L0140	CERVICAL SEMI-RIGID ADJUSTABLE	UM Required/Auth List
DME, Orthotics and Prosthetic	L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	UM Required/Auth List
DME, Orthotics and Prosthetic	L0160	CERV SEMI-RIGID OCCIP/MAND PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0170	CERV COLLAR MOLDED PATIENT MODEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0172	CERV COLLAR SEMI-RIGID FOAM PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0174	CERV COLLR SEMI-RGD THOR EXT PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0180	CERV MX POST COLLR SUPPS ADJ	UM Required/Auth List
DME, Orthotics and Prosthetic	L0190	CERV MX POST COLLR ADJ CERV BARS	UM Required/Auth List
DME, Orthotics and Prosthetic	L0200	CERV COLLR ADJ CERV BARS&THOR EXT	UM Required/Auth List
DME, Orthotics and Prosthetic	L0220	THORACIC RIB BELT CUSTOM FABRICATED	UM Required/Auth List
DME, Orthotics and Prosthetic	L0450	TLSO FLEX TRUNK SUPP UP THOR PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0452	TLSO FLEX TRUNK SUPP UP THOR CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0454	TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0455	TLSO FLEX SC JUNC TO T-9 PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0456	TLSO FLEX SC SCAP SPN PRFAB CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0457	TLSO FLX SC JUNC TRM INF SCAP SPINE	UM Required/Auth List
DME, Orthotics and Prosthetic	L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	UM Required/Auth List
DME, Orthotics and Prosthetic	L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0466	TLSO SAGITTAL CONTROL PREFAB CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0467	TLSO SAGITTAL CONTROL RIGD PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0468	TLSO SAGITTAL-CORONAL PREFAB CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0469	TLSO SAGITTAL-CORONAL CNTRL PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	UM Required/Auth List
DME, Orthotics and Prosthetic	L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	UM Required/Auth List
DME, Orthotics and Prosthetic	L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0491	TLSO 2 RIGID PLASTIC SHELLS PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0492	TLSO 3 RIGID PLASTIC SHELLS PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0622	SACROILIAC ORTHOSIS FLEXIBLE CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0623	SACROILIAC ORTHOSIS RIGID PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0624	SACROILIAC ORTHOSIS RIGID CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0625	LUMBAR ORTHOSIS FLEXIBLE PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0626	LUMB ORTHOS RIGID POST PREFAB CUSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0627	LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0628	LSO FLEXIBLE PREFAB OFF THE SHELF	UM Required/Auth List
DME, Orthotics and Prosthetic	L0629	LSO FLEXIBLE CUSTOM FABRICATED	UM Required/Auth List
DME, Orthotics and Prosthetic	L0630	LSO SAGIT CONTROL RIGID POST PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0631	LSO SAGIT CNTRL RIGID POST CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0632	LSO SAGIT CNTRL RIGID A&P CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0633	LSO SAG-COR CNTRL RIGID POST PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0634	LSO SAG-COR CNTRL RIGID POST CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0635	LSO SAG-COR CNTRL LUMB FLEX PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0636	LSO SAG-COR CNTRL LUMB FLEX CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0637	LSO SAG-COR CNTRL RIGID A&P PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0638	LSO SAG-COR CNTRL RIGID A&P CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0639	LSO SAG-COR CNTRL RIGD SHELL PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L0640	LSO SAG-COR CNTRL RIGD SHELL CUSTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L0641	LUMB ORTHOS SAGIT CTRL RIGD PST PNL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0642	LUMB ORTHOS SAGIT CTRL ANT POST PNL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0643	LSO SAGITTAL CNTRL RIGID POST PANEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0648	LSO SAGIT CNTRL RIGD ANT POST PANEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0649	LSO SAGIT-CORNL CNTRL RIGD PST PANL	UM Required/Auth List

DME, Orthotics and Prosthetic	L0650	LSO SAGIT-CORNL CNTRL ANT PST PANL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0700	CTL SO ANT-POST-LAT CNTRL MOLD PT	UM Required/Auth List
DME, Orthotics and Prosthetic	L0710	CTL SO-MOLD PT-INTERFACE MATERIAL	UM Required/Auth List
DME, Orthotics and Prosthetic	L0810	HALO PROC CERV HALO IN JACKET VEST	UM Required/Auth List
DME, Orthotics and Prosthetic	L0820	HALO PROC CERV HALO-PLAST BDY JACKET	UM Required/Auth List
DME, Orthotics and Prosthetic	L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	UM Required/Auth List
DME, Orthotics and Prosthetic	L0859	RINGS&PINS	UM Required/Auth List
DME, Orthotics and Prosthetic	L0861	ADD HALO PROC REPLCMT LINER/INTERFC	UM Required/Auth List
DME, Orthotics and Prosthetic	L0970	TL SO CORSET FRONT	UM Required/Auth List
DME, Orthotics and Prosthetic	L0972	LSO CORSET FRONT	UM Required/Auth List
DME, Orthotics and Prosthetic	L0974	TL SO FULL CORSET	UM Required/Auth List
DME, Orthotics and Prosthetic	L0976	LSO FULL CORSET	UM Required/Auth List
DME, Orthotics and Prosthetic	L0978	AXILLARY CRUTCH EXTENSION	UM Required/Auth List
DME, Orthotics and Prosthetic	L0980	PERONEAL STRAPS PREFAB PAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	L0982	STOCKING SUPPORT GRIPS PREFAB SET 4	UM Required/Auth List
DME, Orthotics and Prosthetic	L0984	PROTECTIVE BODY SOCK PREFAB EACH	UM Required/Auth List
DME, Orthotics and Prosthetic	L0999	ADDITION TO SPINAL ORTHOSIS NOS	UM Required/Auth List
DME, Orthotics and Prosthetic	L1000	CTL SO INCL FURNISH INIT ORTHOS-MDL	UM Required/Auth List
DME, Orthotics and Prosthetic	L1001	CTLS IMMOBILIZER INFANT SZ PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L1005	TENSION BASED SCOLIOSIS ORTHOSIS	UM Required/Auth List
DME, Orthotics and Prosthetic	L1010	ADD CTL SO/SCOLIO ORTHOS AX SLING	UM Required/Auth List
DME, Orthotics and Prosthetic	L1020	ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1025	ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1030	ADD CTL SO/SCOLIO ORTHOS LUMB PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1040	ADD CTL SO/SCOLIO ORTHO LUMB/RIB PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1050	ADD CTL SO/SCOLIOS ORTHOS STERNL PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1060	ADD CTL SO/SCOLIOS ORTHOS THOR PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1070	ADD CTL SO/SCOLIO ORTHO TRPEZUS SLNG	UM Required/Auth List
DME, Orthotics and Prosthetic	L1080	ADD CTL SO/SCOLIOSIS ORTHOSIS OUTFRIG	UM Required/Auth List
DME, Orthotics and Prosthetic	L1085	ADD CTL SO/SCOLIO OUTFRIG BIL-VRT EXT	UM Required/Auth List
DME, Orthotics and Prosthetic	L1090	ADD CTL SO/SCOLIOS ORTHOS LUMB SLING	UM Required/Auth List
DME, Orthotics and Prosthetic	L1100	ADD CTL SO/SCOLIOS RING PLSTC/LEATHR	UM Required/Auth List
DME, Orthotics and Prosthetic	L1110	ADD CTL SO/SCOLIOS RING MOLD PT MDL	UM Required/Auth List
DME, Orthotics and Prosthetic	L1120	ADD CTL SO SCOLIO ORTHO COVR UPRT EA	UM Required/Auth List
DME, Orthotics and Prosthetic	L1200	TL SO INCL FURNISH INIT ORTHOS ONLY	UM Required/Auth List
DME, Orthotics and Prosthetic	L1210	ADDITION TL SO LATERAL THORACIC EXT	UM Required/Auth List
DME, Orthotics and Prosthetic	L1220	ADDITION TL SO ANT THORACIC EXT	UM Required/Auth List
DME, Orthotics and Prosthetic	L1230	ADD TL SO MLWAKEE TYPE SUPERSTRCT	UM Required/Auth List
DME, Orthotics and Prosthetic	L1240	ADDITION TL SO LUMBAR DEROTATION PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1250	ADDITION TO TL SO ANTERIOR ASIS PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1260	ADD TL SO ANT THOR DEROTATION PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1270	ADDITION TO TL SO ABDOMINAL PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1280	ADDITION TO TL SO RIB GUSSET EACH	UM Required/Auth List
DME, Orthotics and Prosthetic	L1290	ADDITION TL SO LAT TROCHANTERIC PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L1300	OTH SCOLIOS PROC BDY JACKET MOLD PT	UM Required/Auth List
DME, Orthotics and Prosthetic	L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKET	UM Required/Auth List
DME, Orthotics and Prosthetic	L1499	SPINAL ORTHOSIS NOS	UM Required/Auth List
DME, Orthotics and Prosthetic	L1600	HIP ORTHOS ABDUCT FLX FREJKA PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L1610	HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L1620	HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L1630	HIP ORTHOSIS ABDUCT CNTRL/SEMI-FLX	UM Required/Auth List
DME, Orthotics and Prosthetic	L1640	HIP ORTHOSIS-PELV BAND/SPDR BAR	UM Required/Auth List
DME, Orthotics and Prosthetic	L1650	HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ	UM Required/Auth List
DME, Orthotics and Prosthetic	L1652	HIP ORTHOS BIL THI CUFF ADLT PRFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L1660	HIP ORTHOS ABDUCT CNTRL-STATC PLSTC	UM Required/Auth List
DME, Orthotics and Prosthetic	L1680	HIP ORTHOS DYN PELV CNTRL THI CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L1686	HIP ORTHOS POSTOP HIP ABDCT PRFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOS	UM Required/Auth List
DME, Orthotics and Prosthetic	L1700	LEGG PERTHES ORTHOSIS TORONTO CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L1710	LEGG PERTHES ORTHOS NEWINGTON CSTM	UM Required/Auth List
DME, Orthotics and Prosthetic	L1720	LEGG PERTHES ORTHO TRILAT TACHDIJAN	UM Required/Auth List
DME, Orthotics and Prosthetic	L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE	UM Required/Auth List
DME, Orthotics and Prosthetic	L1755	LEGG PERTHES ORTHOS PATTEN BOTTOM	UM Required/Auth List
DME, Orthotics and Prosthetic	L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	UM Required/Auth List
DME, Orthotics and Prosthetic	L5010	PART FT MOLD SOCKET ANK HT W/TOE FIL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	UM Required/Auth List

DME, Orthotics and Prosthetic	L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	UM Required/Auth List
DME, Orthotics and Prosthetic	L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	UM Required/Auth List
DME, Orthotics and Prosthetic	L5230	AK PROX FEM FOCAL DEFIC SACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	UM Required/Auth List
DME, Orthotics and Prosthetic	L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5331	JOINT SINGLE AXIS KNEE SACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5341	SINGLE AXIS KNEE SACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5410	IMMED POSTSURG RIGD DRS BK-EA CAST	UM Required/Auth List
DME, Orthotics and Prosthetic	L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	UM Required/Auth List
DME, Orthotics and Prosthetic	L5450	IMMED POSTSURG NONWT BEAR RIGD BK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5460	IMMED POSTSURG NONWT BEAR RIGD AK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	UM Required/Auth List
DME, Orthotics and Prosthetic	L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	UM Required/Auth List
DME, Orthotics and Prosthetic	L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	UM Required/Auth List
DME, Orthotics and Prosthetic	L5530	PREP BK PTB THERMOPLSTC/=MOLD MODEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5560	PREP AK-DISARTIC PLASTER MOLD MODEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5570	PREP AK-DISRTC THRMOPPLSTC/=DIR FORM	UM Required/Auth List
DME, Orthotics and Prosthetic	L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5585	PREP AK-DISARTIC PRFAB ADJ OPEN END	UM Required/Auth List
DME, Orthotics and Prosthetic	L5590	PREP AK-DISARTIC LAMINATD SCKT MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5595	PREP HIP DISARTIC THERMOPLSTC/=MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5600	PREP HIP DISARTIC LAMINATD SCKT MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5610	ADD LOW EXTRM ENDO AK HYDRACADENCE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5611	ADD LW EXT AK-DISARTIC W/FRICT CNTRL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5616	ADD LOW EXT AK UNIVRSL MXPLX FRICT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5617	ADD LW EXTRM QUICK CHANGE AK/BK EA	UM Required/Auth List
DME, Orthotics and Prosthetic	L5618	ADD LOW EXTRM TEST SOCKT SYMES	UM Required/Auth List
DME, Orthotics and Prosthetic	L5620	ADD LOW EXTRM TEST SOCKT BELW KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5622	ADD LW EXTRM TST SOCKT KNEE DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5624	ADD LOW EXTRM TEST SOCKT ABVE KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5631	ADD LW EXT ABVE KNEE/DISARTIC ACRYLC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5634	ADD LW EXT SYMS POST OPENING SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5636	ADD LW EXT SYMS MED OPENING SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5637	ADD LOW EXTRM BELW KNEE TOTAL CNTC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5639	ADD LOW EXTRM BELW KNEE WOOD SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5640	ADD LW EXT KNEE DISARTIC LEATHR SCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME	UM Required/Auth List
DME, Orthotics and Prosthetic	L5644	ADD LOW EXTRM ABVE KNEE WOOD SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5645	ADD LOW EXTRM BK FLX INNR EXT FRME	UM Required/Auth List
DME, Orthotics and Prosthetic	L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKET	UM Required/Auth List
DME, Orthotics and Prosthetic	L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5650	ADD LW EXTRM TOT CONTACT AK/DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5651	ADD LOW EXTRM AK FLX INNR EXT FRME	UM Required/Auth List
DME, Orthotics and Prosthetic	L5652	ADD LOW EXTRM SUCTN SUSP AK/DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5654	ADD LOW EXTRM SOCKT INSERT SYMES	UM Required/Auth List
DME, Orthotics and Prosthetic	L5655	ADD LOW EXTRM SOCKT INSR BELW KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5656	ADD LW EXT SOCKT INSR KNEE DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5658	ADD LOW EXTRM SOCKT INSR ABVE KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5661	ADD LW EXT INSR MXIDUROMETER SYMES	UM Required/Auth List
DME, Orthotics and Prosthetic	L5665	ADD LW EXT INSR MXDROMTR BELW KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5666	ADD LOW EXTRM BELOW KNEE CUFF SUSP	UM Required/Auth List
DME, Orthotics and Prosthetic	L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	UM Required/Auth List
DME, Orthotics and Prosthetic	L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	UM Required/Auth List
DME, Orthotics and Prosthetic	L5671	ADD LOW EXTRM BK/AK SUSP LOCK MECH	UM Required/Auth List

DME, Orthotics and Prosthetic	L5672	ADD LOW EXTRM BK REMV MED BRIM SUSP	UM Required/Auth List
DME, Orthotics and Prosthetic	L5673	ADD LOW EXT BK/AK CSTM FAB XST MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5676	ADD LOW EXT BK KNEE JNT 1 AXIS PAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	UM Required/Auth List
DME, Orthotics and Prosthetic	L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	UM Required/Auth List
DME, Orthotics and Prosthetic	L5679	ADD LOW EXT BK/AK CSTM FAB XST MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5680	ADD LOW EXTRM BK THI LACER NONMOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5681	ADD LW EXT BK/AK CONGN/AMPUTE INIT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5682	ADD LOW EXTREM BK THIGH LACER MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5683	ADD LOW EXT BK/AK NO CONGN/AMP INIT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	UM Required/Auth List
DME, Orthotics and Prosthetic	L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5688	ADD LOWER EXTRM BK WAIST BELT WEBNG	UM Required/Auth List
DME, Orthotics and Prosthetic	L5690	ADD LOW EXTRMITY BK WAIST BELT PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	UM Required/Auth List
DME, Orthotics and Prosthetic	L5696	ADD LOW EXTRM AK/DISARTIC PELV JNT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5697	ADD LOW EXTRM AK/DISARTIC PELV BAND	UM Required/Auth List
DME, Orthotics and Prosthetic	L5698	ADD LW EXTRM AK/KD SILESIA BANDAGE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5701	REPL SCKT AK/DISARTIC W/ ATTCH PLAT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L5703	ANK SYMES MLD PT MDL SACH FT REPL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5706	CUSTOM SHAPED COVER KNEE DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5707	CUSTOM SHAPED COVER HIP DISARTIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	UM Required/Auth List
DME, Orthotics and Prosthetic	L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	UM Required/Auth List
DME, Orthotics and Prosthetic	L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	UM Required/Auth List
DME, Orthotics and Prosthetic	L5781	ADD LW LIMB PROS LIMB MGMT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	UM Required/Auth List
DME, Orthotics and Prosthetic	L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	L5850	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	L5910	ADD ENDOSKEL BELOW KNEE ALIGNBL SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	UM Required/Auth List
DME, Orthotics and Prosthetic	L5940	ADD ENDOSKEL BELOW KNEE ULTRA-LGHT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5950	ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5960	ADD ENDOSKL HIP DISARTIC ULTRA-LGHT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	UM Required/Auth List
DME, Orthotics and Prosthetic	L5964	ADD ENDO AK FLXBL PROTVE OTR COVER	UM Required/Auth List
DME, Orthotics and Prosthetic	L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	UM Required/Auth List
DME, Orthotics and Prosthetic	L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5971	ALL LW EXT PROS SACH FOOT REPL ONLY	UM Required/Auth List
DME, Orthotics and Prosthetic	L5972	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L5973	ENDO ANK FOOT MICROPCSS CNTRL PWR	UM Required/Auth List
DME, Orthotics and Prosthetic	L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	UM Required/Auth List
DME, Orthotics and Prosthetic	L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	UM Required/Auth List
DME, Orthotics and Prosthetic	L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	UM Required/Auth List
DME, Orthotics and Prosthetic	L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	UM Required/Auth List

DME, Orthotics and Prosthetic	L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	UM Required/Auth List
DME, Orthotics and Prosthetic	L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	UM Required/Auth List
DME, Orthotics and Prosthetic	L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	UM Required/Auth List
DME, Orthotics and Prosthetic	L5999	LOWER EXTREMITY PROSTHESIS NOS	UM Required/Auth List
DME, Orthotics and Prosthetic	L6000	PARTIAL HAND THUMB REMAINING	UM Required/Auth List
DME, Orthotics and Prosthetic	L6010	PART HAND LITTLE &/ RING FINGER REM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6020	PARTIAL HAND NO FINGER REMAINING	UM Required/Auth List
DME, Orthotics and Prosthetic	L6026	TRANSCARPL/MC/PART HAND DISART PROS	UM Required/Auth List
DME, Orthotics and Prosthetic	L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	UM Required/Auth List
DME, Orthotics and Prosthetic	L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	UM Required/Auth List
DME, Orthotics and Prosthetic	L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	UM Required/Auth List
DME, Orthotics and Prosthetic	L6110	BELOW ELBOW MOLDED SOCKET	UM Required/Auth List
DME, Orthotics and Prosthetic	L6120	BELW ELB STEP-UP HINGES HALF CUFF	UM Required/Auth List
DME, Orthotics and Prosthetic	L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	UM Required/Auth List
DME, Orthotics and Prosthetic	L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6310	SHLDR DISART PASS REST COMPL PROSTH	UM Required/Auth List
DME, Orthotics and Prosthetic	L6320	SHLDR DISART PASS REST SHLDR CAP	UM Required/Auth List
DME, Orthotics and Prosthetic	L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	UM Required/Auth List
DME, Orthotics and Prosthetic	L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L6550	SHLDR DISARTC MOLD SOCKET ENDOSKEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	UM Required/Auth List
DME, Orthotics and Prosthetic	L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L6582	PREP WRST DISARTC ELB SCKT DIR FORM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6584	PREP ELB DISARTC PLASTIC SOCKT MOLD	UM Required/Auth List
DME, Orthotics and Prosthetic	L6586	PREP ELB DISARTIC SOCKET DIR FORM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT	UM Required/Auth List
DME, Orthotics and Prosthetic	L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	UM Required/Auth List
DME, Orthotics and Prosthetic	L6616	UP EXT ADD-DSCNCT INSR LCK WRST EA	UM Required/Auth List
DME, Orthotics and Prosthetic	L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	UM Required/Auth List
DME, Orthotics and Prosthetic	L6665	UP EXTREM ADD TEFLON/= CABLE LINING	UM Required/Auth List
DME, Orthotics and Prosthetic	L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	UM Required/Auth List
DME, Orthotics and Prosthetic	L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	UM Required/Auth List
DME, Orthotics and Prosthetic	L6713	TERM DVC HAND MECH VOL OPN PED	UM Required/Auth List
DME, Orthotics and Prosthetic	L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	UM Required/Auth List
DME, Orthotics and Prosthetic	L8619	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	L8621	ZUBC AIR BA CI & AUD SD PRC RPL E	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	L8625	EXT RECHRG BATT CI/AO DEVC REPL EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	Q4121	THERASKIN PER SQ CM	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S1015	IV TUBING EXTENSION SET	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S1040	CRANIAL REMOLD ORTHOT PED CUST FAB	UM Required/Auth List
DME, Orthotics and Prosthetic	S4993	CONTRACEPTIVE PILLS BIRTH CONTROL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S8101	HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S8185	FLUTTER DEVICE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S8301	INFECTION CONTROL SUPPLIES NOS	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S8999	RESUSCITATION BAG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	S9433	MED FOOD NUTR ORAL 100% NUTR INTAKE	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T1999	MISC TX ITEMS&SPL RTAIL PURCHSE NOC	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4521	ADLT SZ DISPBL INCONT BRF/DIAPER SM	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4522	ADLT SZ DISPBL INCONT BRF/DIAPER MD	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4523	ADLT SZ DISPBL INCONT BRF/DIAPER LG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4524	ADLT DISPBL INCONT BRF/DIAPER X-LG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4525	ADLT SZD DISPBL INCONT UNDWEAR SM	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4526	ADLT SZD DISPBL INCONT UNDWEAR MED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4527	ADLT SZD DISPBL INCONT UNDWEAR LG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4528	ADLT SZD DISPBL INCONT UNDWEAR X-LG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4529	PED SZ DISPBL INCONT BRF/DIAPER S/M	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4530	PED SZ DISPBL INCONT BRF/DIAPER LG	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4531	PED SZ DISPBL INCONT UNDWEAR SM/MED	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4532	PED SZ DISPBL INCONT UNDWEAR LG EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4533	YOUTH SZD DISPBL INCONT BRF/DIAPER	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4534	YOUTH SZD DISPBL INCONT UNDWEAR EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4535	DISPBL LINER/PAD/UNDGRMNT INCONT EA	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4543	ADULT DISP INCONTINENCE PROD ABV XL	> \$500.00 Auth Required
DME, Orthotics and Prosthetic	T4544	ADULT SIZE DISPBL PULLUP ABVE XL EA	> \$500.00 Auth Required
Genetic/Molecular Testing	81161	DMD DUP/DELET ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81162	BRCA1&2 GEN FULL SEQ DUP/DEL	UM Required/Auth List
Genetic/Molecular Testing	81163	BRCA1&2 GENE FULL SEQ ALYS	UM Required/Auth List
Genetic/Molecular Testing	81164	BRCA1&2 GEN FUL DUP/DEL ALYS	UM Required/Auth List
Genetic/Molecular Testing	81165	BRCA1 GENE FULL SEQ ALYS	UM Required/Auth List
Genetic/Molecular Testing	81166	BRCA1 GENE FULL DUP/DEL ALYS	UM Required/Auth List
Genetic/Molecular Testing	81170	ABL1 GENE	UM Required/Auth List

Genetic/Molecular Testing	81171	AFF2 GENE DETC ABNOR ALLELES	UM Required/Auth List
Genetic/Molecular Testing	81172	AFF2 GENE CHARAC ALLELES	UM Required/Auth List
Genetic/Molecular Testing	81173	AR GENE FULL GENE SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81174	AR GENE KNOWN FAMIL VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81177	ATN1 GENE DETC ABNOR ALLELES	UM Required/Auth List
Genetic/Molecular Testing	81178	ATXN1 GENE DETC ABNOR ALLELE	UM Required/Auth List
Genetic/Molecular Testing	81179	ATXN2 GENE DETC ABNOR ALLELE	UM Required/Auth List
Genetic/Molecular Testing	81180	ATXN3 GENE DETC ABNOR ALLELE	UM Required/Auth List
Genetic/Molecular Testing	81181	ATXN7 GENE DETC ABNOR ALLELE	UM Required/Auth List
Genetic/Molecular Testing	81182	ATXN8OS GEN DETC ABNOR ALLEL	UM Required/Auth List
Genetic/Molecular Testing	81183	ATXN10 GENE DETC ABNOR ALLEL	UM Required/Auth List
Genetic/Molecular Testing	81184	CACNA1A GEN DETC ABNOR ALLEL	UM Required/Auth List
Genetic/Molecular Testing	81185	CACNA1A GENE FULL GENE SEQ	UM Required/Auth List
Genetic/Molecular Testing	81186	CACNA1A GEN KNOWN FAMIL VRNT	UM Required/Auth List
Genetic/Molecular Testing	81187	CNBP GENE DETC ABNOR ALLELE	UM Required/Auth List
Genetic/Molecular Testing	81188	CSTB GENE DETC ABNOR ALLELE	UM Required/Auth List
Genetic/Molecular Testing	81189	CSTB GENE FULL GENE SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81190	CSTB GENE KNOWN FAMIL VRNT	UM Required/Auth List
Genetic/Molecular Testing	81200	ASPA GENE	UM Required/Auth List
Genetic/Molecular Testing	81201	APC GENE FULL SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81202	APC GENE KNOWN FAM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81203	APC GENE DUP/DELET VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81204	AR GENE CHARAC ALLELES	UM Required/Auth List
Genetic/Molecular Testing	81205	BCKDHB GENE	UM Required/Auth List
Genetic/Molecular Testing	81206	BCR/ABL1 GENE MAJOR BP	UM Required/Auth List
Genetic/Molecular Testing	81207	BCR/ABL1 GENE MINOR BP	UM Required/Auth List
Genetic/Molecular Testing	81208	BCR/ABL1 GENE OTHER BP	UM Required/Auth List
Genetic/Molecular Testing	81209	BLM GENE	UM Required/Auth List
Genetic/Molecular Testing	81210	BRAF GENE	UM Required/Auth List
Genetic/Molecular Testing	81211	BRCA1&2 SEQ & COM DUP/DEL	UM Required/Auth List
Genetic/Molecular Testing	81212	BRCA1&2 185&5385&6174 VRNT	UM Required/Auth List
Genetic/Molecular Testing	81213	BRCA1&2 UNCOM DUP/DEL VAR	UM Required/Auth List
Genetic/Molecular Testing	81214	BRCA1 FULL SEQ & COM DUP/DEL	UM Required/Auth List
Genetic/Molecular Testing	81215	BRCA1 GENE KNOWN FAMIL VRNT	UM Required/Auth List
Genetic/Molecular Testing	81216	BRCA2 GENE FULL SEQ ALYS	UM Required/Auth List
Genetic/Molecular Testing	81217	BRCA2 GENE KNOWN FAMIL VRNT	UM Required/Auth List
Genetic/Molecular Testing	81218	CEBPA GENE FULL SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81219	CALR GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81221	CFTR GENE KNOWN FAM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81222	CFTR GENE DUP/DELET VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81223	CFTR GENE FULL SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81225	CYP2C19 GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81226	CYP2D6 GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81227	CYP2C9 GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81228	CYTOGEN MICRARRAY COPY NMBR	UM Required/Auth List
Genetic/Molecular Testing	81229	CYTOGEN M ARRAY COPY NO&SNP	UM Required/Auth List
Genetic/Molecular Testing	81235	EGFR GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81238	F9 FULL GENE SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81240	F2 GENE	UM Required/Auth List
Genetic/Molecular Testing	81241	F5 GENE	UM Required/Auth List
Genetic/Molecular Testing	81242	FANCC GENE	UM Required/Auth List
Genetic/Molecular Testing	81243	FMR1 GENE DETECTION	UM Required/Auth List
Genetic/Molecular Testing	81244	FMR1 GENE CHARAC ALLELES	UM Required/Auth List
Genetic/Molecular Testing	81245	FLT3 GENE	UM Required/Auth List
Genetic/Molecular Testing	81246	FLT3 GENE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81247	G6PD GENE ALYS CMN VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81248	G6PD KNOWN FAMILIAL VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81249	G6PD FULL GENE SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81250	G6PC GENE	UM Required/Auth List
Genetic/Molecular Testing	81251	GBA GENE	UM Required/Auth List
Genetic/Molecular Testing	81252	GJB2 GENE FULL SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81253	GJB2 GENE KNOWN FAM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81254	GJB6 GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81255	HEXA GENE	UM Required/Auth List
Genetic/Molecular Testing	81256	HFE GENE	UM Required/Auth List
Genetic/Molecular Testing	81257	HBA1/HBA2 GENE	UM Required/Auth List
Genetic/Molecular Testing	81258	HBA1/HBA2 GENE FAM VRNT	UM Required/Auth List
Genetic/Molecular Testing	81259	HBA1/HBA2 FULL GENE SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81260	IKBKAP GENE	UM Required/Auth List
Genetic/Molecular Testing	81261	IGH GENE REARRANGE AMP METH	UM Required/Auth List
Genetic/Molecular Testing	81262	IGH GENE REARRANG DIR PROBE	UM Required/Auth List
Genetic/Molecular Testing	81263	IGH VARI REGIONAL MUTATION	UM Required/Auth List
Genetic/Molecular Testing	81264	IGK REARRANGEABN CLONAL POP	UM Required/Auth List
Genetic/Molecular Testing	81265	STR MARKERS SPECIMEN ANAL	UM Required/Auth List
Genetic/Molecular Testing	81266	STR MARKERS SPEC ANAL ADDL	UM Required/Auth List

Genetic/Molecular Testing	81267	CHIMERISM ANAL NO CELL SELEC	UM Required/Auth List
Genetic/Molecular Testing	81268	CHIMERISM ANAL W/CELL SELECT	UM Required/Auth List
Genetic/Molecular Testing	81269	HBA1/HBA2 GENE DUP/DEL VRNTS	UM Required/Auth List
Genetic/Molecular Testing	81270	JAK2 GENE	UM Required/Auth List
Genetic/Molecular Testing	81272	KIT GENE TARGETED SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81273	KIT GENE ANALYS D816 VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81275	KRAS GENE VARIANTS EXON 2	UM Required/Auth List
Genetic/Molecular Testing	81276	KRAS GENE ADDL VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCN	UM Required/Auth List
Genetic/Molecular Testing	81281	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCN	UM Required/Auth List
Genetic/Molecular Testing	81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCN	UM Required/Auth List
Genetic/Molecular Testing	81287	MGMT GENE PRMTR MTHYLTN ALYS	UM Required/Auth List
Genetic/Molecular Testing	81288	MLH1 GENE	UM Required/Auth List
Genetic/Molecular Testing	81290	MCOLN1 GENE	UM Required/Auth List
Genetic/Molecular Testing	81291	MTHFR GENE	UM Required/Auth List
Genetic/Molecular Testing	81292	MLH1 GENE FULL SEQ	UM Required/Auth List
Genetic/Molecular Testing	81293	MLH1 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81294	MLH1 GENE DUP/DELETE VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81295	MSH2 GENE FULL SEQ	UM Required/Auth List
Genetic/Molecular Testing	81296	MSH2 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81297	MSH2 GENE DUP/DELETE VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81298	MSH6 GENE FULL SEQ	UM Required/Auth List
Genetic/Molecular Testing	81299	MSH6 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81300	MSH6 GENE DUP/DELETE VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81301	MICROSATELLITE INSTABILITY	UM Required/Auth List
Genetic/Molecular Testing	81302	MECP2 GENE FULL SEQ	UM Required/Auth List
Genetic/Molecular Testing	81303	MECP2 GENE KNOWN VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81304	MECP2 GENE DUP/DELET VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81310	NPM1 GENE	UM Required/Auth List
Genetic/Molecular Testing	81311	NRAS GENE VARIANTS EXON 2&3	UM Required/Auth List
Genetic/Molecular Testing	81313	PCA3/KLK3 ANTIGEN	UM Required/Auth List
Genetic/Molecular Testing	81314	PDGFRA GENE	UM Required/Auth List
Genetic/Molecular Testing	81315	PML/RARALPHA COM BREAKPOINTS	UM Required/Auth List
Genetic/Molecular Testing	81316	PML/RARALPHA 1 BREAKPOINT	UM Required/Auth List
Genetic/Molecular Testing	81317	PMS2 GENE FULL SEQ ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81318	PMS2 KNOWN FAMILIAL VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81319	PMS2 GENE DUP/DELET VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81321	PTEN GENE FULL SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81322	PTEN GENE KNOWN FAM VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81323	PTEN GENE DUP/DELET VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81324	PMP22 GENE DUP/DELET	UM Required/Auth List
Genetic/Molecular Testing	81325	PMP22 GENE FULL SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81326	PMP22 GENE KNOWN FAM VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81327	SEPT9 GEN PRMTR MTHYLTN ALYS	UM Required/Auth List
Genetic/Molecular Testing	81329	SMN1 GENE DOS/DELETION ALYS	UM Required/Auth List
Genetic/Molecular Testing	81330	SMPD1 GENE COMMON VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81331	SNRPN/UBE3A GENE	UM Required/Auth List
Genetic/Molecular Testing	81332	SERPINA1 GENE	UM Required/Auth List
Genetic/Molecular Testing	81334	RUNX1 GENE TARGETED SEQ ALYS	UM Required/Auth List
Genetic/Molecular Testing	81340	TRB@ GENE REARRANGE AMPLIFY	UM Required/Auth List
Genetic/Molecular Testing	81341	TRB@ GENE REARRANGE DIRPROBE	UM Required/Auth List
Genetic/Molecular Testing	81342	TRG GENE REARRANGEMENT ANAL	UM Required/Auth List
Genetic/Molecular Testing	81350	UGT1A1 GENE COMMON VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81355	VKORC1 GENE	UM Required/Auth List
Genetic/Molecular Testing	81361	HBB GENE COM VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81362	HBB GENE KNOWN FAM VARIANT	UM Required/Auth List
Genetic/Molecular Testing	81363	HBB GENE DUP/DEL VARIANTS	UM Required/Auth List
Genetic/Molecular Testing	81364	HBB FULL GENE SEQUENCE	UM Required/Auth List
Genetic/Molecular Testing	81370	HLA I & II TYPING LR	UM Required/Auth List
Genetic/Molecular Testing	81371	HLA I & II TYPE VERIFY LR	UM Required/Auth List
Genetic/Molecular Testing	81372	HLA I TYPING COMPLETE LR	UM Required/Auth List
Genetic/Molecular Testing	81373	HLA I TYPING 1 LOCUS LR	UM Required/Auth List
Genetic/Molecular Testing	81374	HLA I TYPING 1 ANTIGEN LR	UM Required/Auth List
Genetic/Molecular Testing	81375	HLA II TYPING AG EQUIV LR	UM Required/Auth List
Genetic/Molecular Testing	81376	HLA II TYPING 1 LOCUS LR	UM Required/Auth List
Genetic/Molecular Testing	81377	HLA II TYPE 1 AG EQUIV LR	UM Required/Auth List
Genetic/Molecular Testing	81378	HLA I & II TYPING HR	UM Required/Auth List
Genetic/Molecular Testing	81379	HLA I TYPING COMPLETE HR	UM Required/Auth List
Genetic/Molecular Testing	81380	HLA I TYPING 1 LOCUS HR	UM Required/Auth List
Genetic/Molecular Testing	81381	HLA I TYPING 1 ALLELE HR	UM Required/Auth List
Genetic/Molecular Testing	81382	HLA II TYPING 1 LOC HR	UM Required/Auth List
Genetic/Molecular Testing	81383	HLA II TYPING 1 ALLELE HR	UM Required/Auth List
Genetic/Molecular Testing	81400	MOPATH PROCEDURE LEVEL 1	UM Required/Auth List
Genetic/Molecular Testing	81401	MOPATH PROCEDURE LEVEL 2	UM Required/Auth List
Genetic/Molecular Testing	81402	MOPATH PROCEDURE LEVEL 3	UM Required/Auth List

Genetic/Molecular Testing	81403	MOPATH PROCEDURE LEVEL 4	UM Required/Auth List
Genetic/Molecular Testing	81404	MOPATH PROCEDURE LEVEL 5	UM Required/Auth List
Genetic/Molecular Testing	81405	MOPATH PROCEDURE LEVEL 6	UM Required/Auth List
Genetic/Molecular Testing	81406	MOPATH PROCEDURE LEVEL 7	UM Required/Auth List
Genetic/Molecular Testing	81407	MOPATH PROCEDURE LEVEL 8	UM Required/Auth List
Genetic/Molecular Testing	81408	MOPATH PROCEDURE LEVEL 9	UM Required/Auth List
Genetic/Molecular Testing	81410	AORTIC DYSFUNCTION/DILATION	UM Required/Auth List
Genetic/Molecular Testing	81410	AORTIC DYSFUNCTION/DILATION	UM Required/Auth List
Genetic/Molecular Testing	81411	AORTIC DYSFUNCTION/DILATION	UM Required/Auth List
Genetic/Molecular Testing	81411	AORTIC DYSFUNCTION/DILATION	UM Required/Auth List
Genetic/Molecular Testing	81412	ASHKENAZI JEWISH ASSOC DIS	UM Required/Auth List
Genetic/Molecular Testing	81412	ASHKENAZI JEWISH ASSOC DIS	UM Required/Auth List
Genetic/Molecular Testing	81413	CAR ION CHNNLPATH INC 10 GNS	UM Required/Auth List
Genetic/Molecular Testing	81413	CAR ION CHNNLPATH INC 10 GNS	UM Required/Auth List
Genetic/Molecular Testing	81414	CAR ION CHNNLPATH INC 2 GNS	UM Required/Auth List
Genetic/Molecular Testing	81414	CAR ION CHNNLPATH INC 2 GNS	UM Required/Auth List
Genetic/Molecular Testing	81415	EXOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81415	EXOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81416	EXOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81416	EXOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81417	EXOME RE-EVALUATION	UM Required/Auth List
Genetic/Molecular Testing	81417	EXOME RE-EVALUATION	UM Required/Auth List
Genetic/Molecular Testing	81420	FETAL CHRMOML ANEUPLOIDY	UM Required/Auth List
Genetic/Molecular Testing	81420	FETAL CHRMOML ANEUPLOIDY	UM Required/Auth List
Genetic/Molecular Testing	81422	FETAL CHRMOML MICRODELTY	UM Required/Auth List
Genetic/Molecular Testing	81422	FETAL CHRMOML MICRODELTY	UM Required/Auth List
Genetic/Molecular Testing	81425	GENOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81425	GENOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81426	GENOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81426	GENOME SEQUENCE ANALYSIS	UM Required/Auth List
Genetic/Molecular Testing	81427	GENOME RE-EVALUATION	UM Required/Auth List
Genetic/Molecular Testing	81427	GENOME RE-EVALUATION	UM Required/Auth List
Genetic/Molecular Testing	81430	HEARING LOSS SEQUENCE ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81430	HEARING LOSS SEQUENCE ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81431	HEARING LOSS DUP/DEL ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81431	HEARING LOSS DUP/DEL ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81432	HRDTRY BRST CA-RLATD DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81432	HRDTRY BRST CA-RLATD DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81433	HRDTRY BRST CA-RLATD DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81433	HRDTRY BRST CA-RLATD DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81434	HEREDITARY RETINAL DISORDERS	UM Required/Auth List
Genetic/Molecular Testing	81434	HEREDITARY RETINAL DISORDERS	UM Required/Auth List
Genetic/Molecular Testing	81435	HEREDITARY COLON CA DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81435	HEREDITARY COLON CA DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81436	HEREDITARY COLON CA DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81436	HEREDITARY COLON CA DSORDRS	UM Required/Auth List
Genetic/Molecular Testing	81437	HEREDTRY NURONDCRN TUM DSRDR	UM Required/Auth List
Genetic/Molecular Testing	81437	HEREDTRY NURONDCRN TUM DSRDR	UM Required/Auth List
Genetic/Molecular Testing	81438	HEREDTRY NURONDCRN TUM DSRDR	UM Required/Auth List
Genetic/Molecular Testing	81438	HEREDTRY NURONDCRN TUM DSRDR	UM Required/Auth List
Genetic/Molecular Testing	81439	HRDTRY CARDMYPY GENE PANEL	UM Required/Auth List
Genetic/Molecular Testing	81439	HRDTRY CARDMYPY GENE PANEL	UM Required/Auth List
Genetic/Molecular Testing	81440	MITOCHONDRIAL GENE	UM Required/Auth List
Genetic/Molecular Testing	81440	MITOCHONDRIAL GENE	UM Required/Auth List
Genetic/Molecular Testing	81442	NOONAN SPECTRUM DISORDERS	UM Required/Auth List
Genetic/Molecular Testing	81442	NOONAN SPECTRUM DISORDERS	UM Required/Auth List
Genetic/Molecular Testing	81443	GENETIC TSTG SEVERE INH COND	UM Required/Auth List
Genetic/Molecular Testing	81443	GENETIC TSTG SEVERE INH COND	UM Required/Auth List
Genetic/Molecular Testing	81445	TARGETED GENOMIC SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81445	TARGETED GENOMIC SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81448	HRDTRY PERPH NEURPHY PANEL	UM Required/Auth List
Genetic/Molecular Testing	81450	TARGETED GENOMIC SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81450	TARGETED GENOMIC SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81455	TARGETED GENOMIC SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81455	TARGETED GENOMIC SEQ ANALYS	UM Required/Auth List
Genetic/Molecular Testing	81460	WHOLE MITOCHONDRIAL GENOME	UM Required/Auth List
Genetic/Molecular Testing	81460	WHOLE MITOCHONDRIAL GENOME	UM Required/Auth List
Genetic/Molecular Testing	81465	WHOLE MITOCHONDRIAL GENOME	UM Required/Auth List
Genetic/Molecular Testing	81465	WHOLE MITOCHONDRIAL GENOME	UM Required/Auth List
Genetic/Molecular Testing	81470	X-LINKED INTELLECTUAL DBLT	UM Required/Auth List
Genetic/Molecular Testing	81470	X-LINKED INTELLECTUAL DBLT	UM Required/Auth List
Genetic/Molecular Testing	81471	X-LINKED INTELLECTUAL DBLT	UM Required/Auth List
Genetic/Molecular Testing	81471	X-LINKED INTELLECTUAL DBLT	UM Required/Auth List
Genetic/Molecular Testing	81479	UNLISTED MOLECULAR PATHOLOGY	UM Required/Auth List
Genetic/Molecular Testing	81490	AUTOIMMUNE RHEUMATOID ARTHR	UM Required/Auth List

Genetic/Molecular Testing	81493	COR ARTERY DISEASE MRNA	UM Required/Auth List
Genetic/Molecular Testing	81503	ONCO (OVAR) FIVE PROTEINS	UM Required/Auth List
Genetic/Molecular Testing	81504	ONCOLOGY TISSUE OF ORIGIN	UM Required/Auth List
Genetic/Molecular Testing	81507	FETAL ANEUPLOIDY TRISOM RISK	UM Required/Auth List
Genetic/Molecular Testing	81511	FTL CGEN ABNOR FOUR ANAL	UM Required/Auth List
Genetic/Molecular Testing	81518	ONC BRST MRNA 11 GENES	UM Required/Auth List
Genetic/Molecular Testing	81519	ONCOLOGY BREAST MRNA	UM Required/Auth List
Genetic/Molecular Testing	81525	ONCOLOGY COLON MRNA	UM Required/Auth List
Genetic/Molecular Testing	81535	ONCOLOGY GYNECOLOGIC	UM Required/Auth List
Genetic/Molecular Testing	81536	ONCOLOGY GYNECOLOGIC	UM Required/Auth List
Genetic/Molecular Testing	81538	ONCOLOGY LUNG	UM Required/Auth List
Genetic/Molecular Testing	81539	ONCOLOGY PROSTATE PROB SCORE	UM Required/Auth List
Genetic/Molecular Testing	81540	ONCOLOGY TUM UNKNOWN ORIGIN	UM Required/Auth List
Genetic/Molecular Testing	81545	ONCOLOGY THYROID	UM Required/Auth List
Genetic/Molecular Testing	81595	CARDIOLOGY HRT TRNSPL MRNA	UM Required/Auth List
Genetic/Molecular Testing	81596	NFCT DS CHRNC HCV 6 ASSAYS	UM Required/Auth List
Genetic/Molecular Testing	81599	UNLISTED MAAA	UM Required/Auth List
Genetic/Molecular Testing	88230	TISSUE CULTURE LYMPHOCYTE	UM Required/Auth List
Genetic/Molecular Testing	88233	TISSUE CULTURE SKIN/BIOPSY	UM Required/Auth List
Genetic/Molecular Testing	88235	TISSUE CULTURE PLACENTA	UM Required/Auth List
Genetic/Molecular Testing	88237	TISSUE CULTURE BONE MARROW	UM Required/Auth List
Genetic/Molecular Testing	88239	TISSUE CULTURE TUMOR	UM Required/Auth List
Genetic/Molecular Testing	88240	CELL CRYOPRESERVE/STORAGE	UM Required/Auth List
Genetic/Molecular Testing	88241	FROZEN CELL PREPARATION	UM Required/Auth List
Genetic/Molecular Testing	88245	CHROMOSOME ANALYSIS 20-25	UM Required/Auth List
Genetic/Molecular Testing	88248	CHROMOSOME ANALYSIS 50-100	UM Required/Auth List
Genetic/Molecular Testing	88249	CHROMOSOME ANALYSIS 100	UM Required/Auth List
Genetic/Molecular Testing	88261	CHROMOSOME ANALYSIS 5	UM Required/Auth List
Genetic/Molecular Testing	88262	CHROMOSOME ANALYSIS 15-20	UM Required/Auth List
Genetic/Molecular Testing	88263	CHROMOSOME ANALYSIS 45	UM Required/Auth List
Genetic/Molecular Testing	88264	CHROMOSOME ANALYSIS 20-25	UM Required/Auth List
Genetic/Molecular Testing	88267	CHROMOSOME ANALYS PLACENTA	UM Required/Auth List
Genetic/Molecular Testing	88269	CHROMOSOME ANALYS AMNIOTIC	UM Required/Auth List
Genetic/Molecular Testing	88271	CYTOGENETICS DNA PROBE	UM Required/Auth List
Genetic/Molecular Testing	88272	CYTOGENETICS 3-5	UM Required/Auth List
Genetic/Molecular Testing	88273	CYTOGENETICS 10-30	UM Required/Auth List
Genetic/Molecular Testing	88274	CYTOGENETICS 25-99	UM Required/Auth List
Genetic/Molecular Testing	88275	CYTOGENETICS 100-300	UM Required/Auth List
Genetic/Molecular Testing	88280	CHROMOSOME KARYOTYPE STUDY	UM Required/Auth List
Genetic/Molecular Testing	88283	CHROMOSOME BANDING STUDY	UM Required/Auth List
Genetic/Molecular Testing	88285	CHROMOSOME COUNT ADDITIONAL	UM Required/Auth List
Genetic/Molecular Testing	88289	CHROMOSOME STUDY ADDITIONAL	UM Required/Auth List
Genetic/Molecular Testing	88291	CYTO/MOLECULAR REPORT	UM Required/Auth List
Genetic/Molecular Testing	88299	CYTOGENETIC STUDY	UM Required/Auth List
Genetic/Molecular Testing	88364	INSITU HYBRIDIZATION (FISH)	UM Required/Auth List
Genetic/Molecular Testing	88365	INSITU HYBRIDIZATION (FISH)	UM Required/Auth List
Genetic/Molecular Testing	88366	INSITU HYBRIDIZATION (FISH)	UM Required/Auth List
GI Tract Imaging by Capsule E	91110	GI TRACT CAPSULE ENDOSCOPY	UM Required/Auth List
GI Tract Imaging by Capsule E	91111	ESOPHAGEAL CAPSULE ENDOSCOPY	UM Required/Auth List
Home Health Care	99374	HOME HEALTH CARE SUPERVISION	UM Required/Auth List
Home Health Care	99375	HOME HEALTH CARE SUPERVISION	UM Required/Auth List
Home Health Care	99377	HOSPICE CARE SUPERVISION	UM Required/Auth List
Home Health Care	99378	HOSPICE CARE SUPERVISION	UM Required/Auth List
Home Health Care	99379	NURSING FAC CARE SUPERVISION	UM Required/Auth List
Home Health Care	99380	NURSING FAC CARE SUPERVISION	UM Required/Auth List
Home Health Care	99500	HOME VISIT PRENATAL	UM Required/Auth List
Home Health Care	99501	HOME VISIT POSTNATAL	UM Required/Auth List
Home Health Care	99502	HOME VISIT NB CARE	UM Required/Auth List
Home Health Care	99503	HOME VISIT RESP THERAPY	UM Required/Auth List
Home Health Care	99504	HOME VISIT MECH VENTILATOR	UM Required/Auth List
Home Health Care	99505	HOME VISIT STOMA CARE	UM Required/Auth List
Home Health Care	99506	HOME VISIT IM INJECTION	UM Required/Auth List
Home Health Care	99507	HOME VISIT CATH MAINTAIN	UM Required/Auth List
Home Health Care	99509	HOME VISIT DAY LIFE ACTIVITY	UM Required/Auth List
Home Health Care	99510	HOME VISIT SING/M/FAM COUNS	UM Required/Auth List
Home Health Care	99511	HOME VISIT FECAL/ENEMA MGMT	UM Required/Auth List
Home Health Care	99512	HOME VISIT FOR HEMODIALYSIS	UM Required/Auth List
Home Health Care	99600	HOME VISIT NOS	UM Required/Auth List
Home Health Care	99601	HOME INFUSION/VISIT 2 HRS	UM Required/Auth List
Home Health Care	99602	HOME INFUSION EACH ADDTL HR	UM Required/Auth List
Home Health Care	G0156	SRVC HH/HOSPICE AIDE EA 15 MIN	UM Required/Auth List
Home Health Care	G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN	UM Required/Auth List
Home Health Care	G0300	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	UM Required/Auth List
Home Health Care	S9140	DM MGMT PROGM F/U VST NON-MD PROV	UM Required/Auth List
Home Health Care	S9211	HOME MGMT GESTATIONAL HTN; DIEM	UM Required/Auth List

Home Health Care	S9213	HOME MANAGEMENT PREECLAMPSIA; DIEM	UM Required/Auth List
Home Health Care	S9214	HOME MGMT GESTATIONAL DIABETES;DIEM	UM Required/Auth List
Home Health Care	S9330	HIT CONT CHEMOTHAPY INFUS; PER DIEM	UM Required/Auth List
Home Health Care	S9331	HIT INTERMIT CHEMOTHAPY INFUS; DIEM	UM Required/Auth List
Home Health Care	S9338	HOME INFUS TX IMMUTHAPY; PER DIEM	UM Required/Auth List
Home Health Care	S9339	HOME TX; PERITONL DIALYSIS PER DIEM	UM Required/Auth List
Home Health Care	S9340	HOME TX; ENTERAL NUTRITION; DIEM	UM Required/Auth List
Home Health Care	S9341	HT; ENTERL NUTRIT VIA GRAVITY; DIEM	UM Required/Auth List
Home Health Care	S9342	HT; ENTERAL NUTRIT VIA PUMP; DIEM	UM Required/Auth List
Home Health Care	S9343	HT; ENTERAL NUTRIT VIA BOLUS; DIEM	UM Required/Auth List
Home Health Care	S9345	HIT ANTI-HEMOPHILIC AGENT; PER DIEM	UM Required/Auth List
Home Health Care	S9346	HIT ALPHA-1-PROTENAS INHIBITR; DIEM	UM Required/Auth List
Home Health Care	S9347	HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	UM Required/Auth List
Home Health Care	S9348	HIT SYMPATHOMIMETIC/INOTROPIC DIEM	UM Required/Auth List
Home Health Care	S9349	HOME INFUS TX TOCOLYTIC; PER DIEM	UM Required/Auth List
Home Health Care	S9351	HIT CONT ANTI-EMETIC; PER DIEM	UM Required/Auth List
Home Health Care	S9353	HOME INFUS TX CONT INSULIN; DIEM	UM Required/Auth List
Home Health Care	S9355	HOME INFUS TX CHELATION; PER DIEM	UM Required/Auth List
Home Health Care	S9359	HIT ANTI-TUMR NECROS FACTOR IV TX;	UM Required/Auth List
Home Health Care	S9364	HIT TPN; CARE COORDINATION DIEM	UM Required/Auth List
Home Health Care	S9365	HIT TPN; 1 LITER PER DAY PER DIEM	UM Required/Auth List
Home Health Care	S9366	HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	UM Required/Auth List
Home Health Care	S9367	HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	UM Required/Auth List
Home Health Care	S9368	HOM INFUS TX TPN; > 3 L-DAY-DIEM	UM Required/Auth List
Home Health Care	S9373	HIT HYDRATION TX; PER DIEM	UM Required/Auth List
Home Health Care	S9374	HIT HYDRATION TX; 1 LITER DAY	UM Required/Auth List
Home Health Care	S9375	HIT HYDRAT; >1 LITR NO>2 LITR DAY	UM Required/Auth List
Home Health Care	S9376	HIT HYDRAT; >2 LITR NO>3 LITR DAY	UM Required/Auth List
Home Health Care	S9377	HIT HYDRATION TX; >3 LITERS DAY	UM Required/Auth List
Home Health Care	S9379	HOME INFUS TX INFUSION TX NOC; DIEM	UM Required/Auth List
Home Health Care	S9445	PT ED NOC NON-MD PROV IND SESSION	UM Required/Auth List
Home Health Care	S9500	HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	UM Required/Auth List
Home Health Care	S9501	HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	UM Required/Auth List
Home Health Care	S9502	HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	UM Required/Auth List
Home Health Care	S9503	HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	UM Required/Auth List
Home Health Care	S9504	HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	UM Required/Auth List
Home Health Care	S9542	HOME INJECTABLE THERAPY NOC-DIEM	UM Required/Auth List
Home Health Care	S9560	HOME INJ TX; HORMONAL THERAPY DIEM	UM Required/Auth List
Home Health Care	T1000	PRIV DUTY/INDEPENDENT NRS TO 15 MIN	UM Required/Auth List
Home Health Care	T1002	RN SERVICES UP TO 15 MINUTES	UM Required/Auth List
Home Health Care	T1003	LPN/LVN SERVICES UP TO 15 MINUTES	UM Required/Auth List
Home Health Care	T1004	SRVC QUALIFIED NRS AIDE TO 15 MIN	UM Required/Auth List
Home Health Care	T1019	PERSONAL CARE SERVICES PER 15 MINS	UM Required/Auth List
Hyperbaric Oxygen Therapy (H	99183	HYPERBARIC OXYGEN THERAPY	UM Required/Auth List
Hyperbaric Oxygen Therapy (H	G0277	HPO UND PRSS FULL B CHMBR PER 30 MN	UM Required/Auth List
Injectable Drugs > \$500	C9032	INJ VORETIGN NEPARVOVC-RZYL 1 B V G	> \$500.00 Auth Required
billed charges administered	C9033	INJ FSNTPTNT 235 MG&PLNSTRN 0.25 MG	> \$500.00 Auth Required
billed charges administered	C9054	INJECTION LEFAMULIN XENLETA 1 MG	> \$500.00 Auth Required
billed charges administered	C9055	INJECTION BREXANOLONE 1 MG	> \$500.00 Auth Required
billed charges administered	C9061	INJECTION TEPROTUMUMAB-TRBW 10 MG	> \$500.00 Auth Required
billed charges administered	C9492	INJECTION DURVALUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	C9493	INJECTION EDARAVONE 1 MG	> \$500.00 Auth Required
billed charges administered	J0120	INJECTION TETRACYCLINE UP TO 250 MG	> \$500.00 Auth Required
billed charges administered	J0121	INJECTION OMADACYCLINE 1 MG	> \$500.00 Auth Required
billed charges administered	J0122	INJECTION ERAVACYCLINE 1 MG	> \$500.00 Auth Required
billed charges administered	J0128	INJECTION ABARELIX 10 MG	> \$500.00 Auth Required
billed charges administered	J0129	INJ ABATACEPT 10 MG MEDICR ADM PHYS	> \$500.00 Auth Required
billed charges administered	J0130	INJECTION ABCIXIMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J0131	INJECTION ACETAMINOPHEN 10 MG	> \$500.00 Auth Required
billed charges administered	J0132	INJECTION ACETYLCYSTEINE 100 MG	> \$500.00 Auth Required
billed charges administered	J0133	INJECTION ACYCLOVIR 5 MG	> \$500.00 Auth Required
billed charges administered	J0135	INJECTION ADALIMUMAB 20 MG	> \$500.00 Auth Required
billed charges administered	J0153	INJECTION ADENOSINE 1 MG	> \$500.00 Auth Required
billed charges administered	J0170	INJ ADRENALINE EPINEPHRINE TO 1 ML	> \$500.00 Auth Required
billed charges administered	J0171	INJ ADRENALIN EPINEPHRINE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J0178	INJECTION AFLIBERCEPT 1 MG	> \$500.00 Auth Required
billed charges administered	J0180	INJECTION AGALSIDASE BETA 1 MG	> \$500.00 Auth Required
billed charges administered	J0185	INJECTION APREPITANT 1 MG	> \$500.00 Auth Required
billed charges administered	J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	> \$500.00 Auth Required
billed charges administered	J0202	INJECTION ALEMTUZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J0205	INJECTION ALGLUCERASE PER 10 UNITS	> \$500.00 Auth Required
billed charges administered	J0207	INJECTION AMIFOSTINE 500 MG	> \$500.00 Auth Required
billed charges administered	J0210	INJ METHYLDOPATE HCL TO 250 MG	> \$500.00 Auth Required
billed charges administered	J0215	INJECTION ALEFACEPT 0.5 MG	> \$500.00 Auth Required
billed charges administered	J0220	INJ ALGLUCOSIDASE ALFA 10 MG NOS	> \$500.00 Auth Required

billed charges administered	J0221	INJ ALGLUCOSIDASE ALFA 10 MG	> \$500.00 Auth Required
billed charges administered	J0222	INJECTION PATISIRAN 0.1 MG	> \$500.00 Auth Required
billed charges administered	J0223	INJECTION GIVOSIRAN 0.5 MG	> \$500.00 Auth Required
billed charges administered	J0256	INJ ALPHA 1-PROTASE INHIB NOS 10 MG	> \$500.00 Auth Required
billed charges administered	J0257	INJ ALPHA 1 PROTEINASE INH 10 MG	> \$500.00 Auth Required
billed charges administered	J0270	INJECTION ALPROSTADIL 1.25 MCG	> \$500.00 Auth Required
billed charges administered	J0275	ALPROSTADIL URETHRAL SUPPOSITORY	> \$500.00 Auth Required
billed charges administered	J0278	INJECTION AMIKACIN SULFATE 100 MG	> \$500.00 Auth Required
billed charges administered	J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	> \$500.00 Auth Required
billed charges administered	J0282	INJ AMIODARONE HYDROCHLORIDE 30 MG	> \$500.00 Auth Required
billed charges administered	J0285	INJECTION AMPHOTERICIN B 50 MG	> \$500.00 Auth Required
billed charges administered	J0287	INJ AMPHOTERICIN B LIPID CMPLX 10 MG	> \$500.00 Auth Required
billed charges administered	J0288	INJ AMPHOTERICIN B CHOLESTRYL 10 MG	> \$500.00 Auth Required
billed charges administered	J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG	> \$500.00 Auth Required
billed charges administered	J0290	INJECTION AMPICILLIN SODIUM 500 MG	> \$500.00 Auth Required
billed charges administered	J0291	INJECTION PLAZOMICIN 5 MG	> \$500.00 Auth Required
billed charges administered	J0295	INJ AMPCLLN SODIM/SULBACTAM-1.5 G	> \$500.00 Auth Required
billed charges administered	J0300	INJECTION AMOBARBITAL UP TO 125 MG	> \$500.00 Auth Required
billed charges administered	J0330	INJ SUCCINYLCOLINE CHLORID UP 20MG	> \$500.00 Auth Required
billed charges administered	J0348	INJECTION ANIDULAFUNGIN 1 MG	> \$500.00 Auth Required
billed charges administered	J0350	INJECTION ANISTREPLASE PER 30 UNITS	> \$500.00 Auth Required
billed charges administered	J0360	INJECTION HYDRALAZINE HCL UP 20 MG	> \$500.00 Auth Required
billed charges administered	J0364	INJ APMORPH HYDROCHLORID 1 MG	> \$500.00 Auth Required
billed charges administered	J0365	INJECTION APROTININ 10000 KIU	> \$500.00 Auth Required
billed charges administered	J0380	INJ METARAMINOL BITARTRATE 10 MG	> \$500.00 Auth Required
billed charges administered	J0395	INJECTION ARBUTAMINE HCL 1 MG	> \$500.00 Auth Required
billed charges administered	J0400	INJ ARIPIRAZOLE IM 0.25 MG	> \$500.00 Auth Required
billed charges administered	J0401	INJ ARIPIRAZOLE EXT RELEASE 1 MG	No Auth Required
billed charges administered	J0456	INJECTION AZITHROMYCIN 500 MG	> \$500.00 Auth Required
billed charges administered	J0461	INJECTION ATROPINE SULFATE 0.01 MG	> \$500.00 Auth Required
billed charges administered	J0470	INJECTION DIMERCAPROL PER 100 MG	> \$500.00 Auth Required
billed charges administered	J0475	INJECTION BACLOFEN 10 MG	> \$500.00 Auth Required
billed charges administered	J0476	INJ BACLOFEN 50 MCG INTRATHEC TRIAL	> \$500.00 Auth Required
billed charges administered	J0480	INJECTION BASILIXIMAB 20 MG	> \$500.00 Auth Required
billed charges administered	J0485	INJECTION BELATACEPT 1 MG	> \$500.00 Auth Required
billed charges administered	J0490	INJECTION BELIMUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J0500	INJECTION DICYCLOMINE HCL UP 20 MG	> \$500.00 Auth Required
billed charges administered	J0515	INJ BENZTROPINE MESYLATE PER 1 MG	> \$500.00 Auth Required
billed charges administered	J0520	INJ BETHANECHOL CHLORIDE UP TO 5 MG	> \$500.00 Auth Required
billed charges administered	J0558	INJ PCN G BENZ & PROCAINE 100000 U	> \$500.00 Auth Required
billed charges administered	J0561	INJECTION PCN G BENZ 100000 UNITS	> \$500.00 Auth Required
billed charges administered	J0570	BUPRENORPHINE IMPLANT 74.2 MG	> \$500.00 Auth Required
billed charges administered	J0571	BUPRENORPHINE ORAL 1 MG	> \$500.00 Auth Required
billed charges administered	J0572	BPN/NALOXONE ORAL </=TO 3 MG BPN	> \$500.00 Auth Required
billed charges administered	J0573	BPN/NLX ORAL >3 MG BUT </=6 MG BPN	> \$500.00 Auth Required
billed charges administered	J0574	BPN/NLX O >6 MG BUT </=TO 10 MG BPN	> \$500.00 Auth Required
billed charges administered	J0583	INJECTION BIVALIRUDIN 1 MG	> \$500.00 Auth Required
billed charges administered	J0585	BOTULINUM TOXIN TYPE A PER UNIT	> \$500.00 Auth Required
billed charges administered	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	> \$500.00 Auth Required
billed charges administered	J0587	INJ RIMABOTULINUMTOXINB 100 UNITS	> \$500.00 Auth Required
billed charges administered	J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	> \$500.00 Auth Required
billed charges administered	J0592	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	> \$500.00 Auth Required
billed charges administered	J0593	INJECTION LANADELUMAB-FLYO 1 MG	> \$500.00 Auth Required
billed charges administered	J0594	INJECTION BUSULFAN 1 MG	> \$500.00 Auth Required
billed charges administered	J0595	INJECTION BUTORPHANOL TARTRATE 1 MG	> \$500.00 Auth Required
billed charges administered	J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	> \$500.00 Auth Required
billed charges administered	J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	> \$500.00 Auth Required
billed charges administered	J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	> \$500.00 Auth Required
billed charges administered	J0600	INJ EDETATE CALCM DISODIM TO 1000MG	> \$500.00 Auth Required
billed charges administered	J0606	INJECTION ETELCALCETIDE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J0610	INJECTION CALCM GLUCONATE PER 10 ML	> \$500.00 Auth Required
billed charges administered	J0620	INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	> \$500.00 Auth Required
billed charges administered	J0630	INJ CALCITONIN SALMON TO 400 UNITS	> \$500.00 Auth Required
billed charges administered	J0636	INJECTION CALCITRIOL 0.1 MCG	> \$500.00 Auth Required
billed charges administered	J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	> \$500.00 Auth Required
billed charges administered	J0638	INJECTION CANAKINUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J0640	INJ LEUCOVORIN CALCIUM PER 50 MG	> \$500.00 Auth Required
billed charges administered	J0641	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	> \$500.00 Auth Required
billed charges administered	J0670	INJECTION MEPIVACAINE HCL PER 10 ML	> \$500.00 Auth Required
billed charges administered	J0690	INJECTION CEFAZOLIN SODIUM 500 MG	> \$500.00 Auth Required
billed charges administered	J0691	INJECTION LEFAMULIN 1 MG	> \$500.00 Auth Required
billed charges administered	J0692	INJ CEFEPIME HYDROCHLORID 500 MG	> \$500.00 Auth Required
billed charges administered	J0694	INJ CEFOXITIN SODIUM 1 GM	> \$500.00 Auth Required
billed charges administered	J0695	INJ CEFTOLOZANE 50 MG & TAZ 25 MG	> \$500.00 Auth Required
billed charges administered	J0696	INJ CEFTRIAZONE SODIUM PER 250 MG	> \$500.00 Auth Required

billed charges administered	J0697	INJ STERL CEFUROXIME SODIUM 750 MG	> \$500.00 Auth Required
billed charges administered	J0698	INJECTION CEFOTAXIME SODIUM PER G	> \$500.00 Auth Required
billed charges administered	J0702	INJ BETAMETHASONE AC & PHOS 3 MG	> \$500.00 Auth Required
billed charges administered	J0706	INJECTION CAFFEINE CITRATE 5MG	> \$500.00 Auth Required
billed charges administered	J0710	INJ CEPHAPIRIN SODIUM TO 1 GM	> \$500.00 Auth Required
billed charges administered	J0713	INJECTION CEFTAZIDIME PER 500 MG	> \$500.00 Auth Required
billed charges administered	J0714	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	> \$500.00 Auth Required
billed charges administered	J0715	INJ CEFTIZOXIME SODIUM PER 500 MG	> \$500.00 Auth Required
billed charges administered	J0716	INJ CENTRUROIDS IMM FAB2 TO 120 MCI	> \$500.00 Auth Required
billed charges administered	J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	> \$500.00 Auth Required
billed charges administered	J0720	INJ CHLORMPHNICL SODIM SUCCNT TO 1G	> \$500.00 Auth Required
billed charges administered	J0725	INJ CHORIONIC GONADOTROPIN-1000 USP	> \$500.00 Auth Required
billed charges administered	J0735	INJ CLONIDINE HYDROCHLORID 1 MG	> \$500.00 Auth Required
billed charges administered	J0740	INJECTION CIDOFOVIR 375 MG	> \$500.00 Auth Required
billed charges administered	J0742	INJ IMP-CLSTATN 4 MG & RLBCTM 2 MG	> \$500.00 Auth Required
billed charges administered	J0743	INJ CILASTATIN SODIM IMPENEM-250MG	> \$500.00 Auth Required
billed charges administered	J0744	INJ CIPROFLOXACIN IV INFUS 200 MG	> \$500.00 Auth Required
billed charges administered	J0745	INJ CODEINE PHOSPHATE PER 30 MG	> \$500.00 Auth Required
billed charges administered	J0770	INJ COLISTIMETHATE SODIUM TO 150 MG	> \$500.00 Auth Required
billed charges administered	J0775	INJ COLLAGENASE CHC 0.01 MG	> \$500.00 Auth Required
billed charges administered	J0780	INJ PROCHLORPERAZINE TO 10 MG	> \$500.00 Auth Required
billed charges administered	J0791	INJECTION CRIZANLIZUMAB-TMCA 5 MG	> \$500.00 Auth Required
billed charges administered	J0795	INJ CORTICORELN OVINE TRIFLUT 1 MCG	> \$500.00 Auth Required
billed charges administered	J0800	INJECTION CORTICOTROPIN UP 40 UNITS	> \$500.00 Auth Required
billed charges administered	J0833	INJ COSYNTROPIN NOS 0.25 MG	> \$500.00 Auth Required
billed charges administered	J0834	INJECTION COSYNTROPIN 0.25 MG	> \$500.00 Auth Required
billed charges administered	J0840	INJ CROTALIDAE POLYV IMM FAB UP 1 G	> \$500.00 Auth Required
billed charges administered	J0850	INJ CYTOMEGLOVRUS IMMUNO GLOB IV-VIAL	> \$500.00 Auth Required
billed charges administered	J0875	INJECTION DALBAVANCIN 5MG	> \$500.00 Auth Required
billed charges administered	J0878	INJECTION DAPTOMYCIN 1 MG	> \$500.00 Auth Required
billed charges administered	J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	> \$500.00 Auth Required
billed charges administered	J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	> \$500.00 Auth Required
billed charges administered	J0883	INJ ARGATROBAN 1 MG NON-ESRD USE	> \$500.00 Auth Required
billed charges administered	J0884	INJ ARGATROBN 1 MG ESRD ON DIALYSIS	> \$500.00 Auth Required
billed charges administered	J0885	INJ EPOETIN ALFA NON-ESRD 1000 UNIT	> \$500.00 Auth Required
billed charges administered	J0887	INJECTION EPOETIN BETA 1 MICROGRAM	> \$500.00 Auth Required
billed charges administered	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	> \$500.00 Auth Required
billed charges administered	J0890	INJECTION PEGINESATIDE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J0894	INJECTION DECITABINE 1 MG	> \$500.00 Auth Required
billed charges administered	J0895	INJ DEFEROXAMINE MESYLATE 500 MG	> \$500.00 Auth Required
billed charges administered	J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG	> \$500.00 Auth Required
billed charges administered	J0897	INJECTION DENOSUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J0945	INJ BROMPHENIRAMINE MALEATE-10 MG	> \$500.00 Auth Required
billed charges administered	J1000	INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	> \$500.00 Auth Required
billed charges administered	J1020	INJ METHYLPRDNISOLONE ACTAT 20 MG	> \$500.00 Auth Required
billed charges administered	J1030	INJ METHYLPRDNISOLONE ACTAT 40 MG	> \$500.00 Auth Required
billed charges administered	J1040	INJ METHYLPRDNISOLONE ACTAT 80 MG	> \$500.00 Auth Required
billed charges administered	J1071	INJ TESTOSTERONE CYPIONATE 1 MG	> \$500.00 Auth Required
billed charges administered	J1094	INJECTION DEXAMETHASONE ACTAT 1 MG	> \$500.00 Auth Required
billed charges administered	J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	> \$500.00 Auth Required
billed charges administered	J1110	INJ DIHYDROERGOTAMINE MESYLATE 1 MG	> \$500.00 Auth Required
billed charges administered	J1120	INJ ACETAZOLAMIDE SODIUM TO 500 MG	> \$500.00 Auth Required
billed charges administered	J1130	INJECTION DICLOFENAC SODIUM .5 MG	> \$500.00 Auth Required
billed charges administered	J1160	INJECTION DIGOXIN UP TO 0.5 MG	> \$500.00 Auth Required
billed charges administered	J1162	INJ DIGOXIN IMMUNE FAB OVINE VIAL	> \$500.00 Auth Required
billed charges administered	J1165	INJ PHENYTOIN SODIUM PER 50 MG	> \$500.00 Auth Required
billed charges administered	J1170	INJECTION HYDROMORPHONE UP TO 4 MG	> \$500.00 Auth Required
billed charges administered	J1180	INJECTION DYPHYLLINE UP TO 500 MG	> \$500.00 Auth Required
billed charges administered	J1190	INJ DEXRAZOXANE HCL PER 250 MG	> \$500.00 Auth Required
billed charges administered	J1200	INJ DIPHENHYDRAMINE HCL TO 50 MG	> \$500.00 Auth Required
billed charges administered	J1201	INJ CETIRIZINE HYDROCHLORIDE 0.5 MG	> \$500.00 Auth Required
billed charges administered	J1205	INJ CHLOROTHIAZIDE SODIUM 500 MG	> \$500.00 Auth Required
billed charges administered	J1212	INJ DMSO DIMETHYL SULFOXID 50% 50ML	> \$500.00 Auth Required
billed charges administered	J1230	INJECTION METHADONE HCL UP TO 10 MG	> \$500.00 Auth Required
billed charges administered	J1240	INJECTION DIMENHYDRINATE TO 50 MG	> \$500.00 Auth Required
billed charges administered	J1245	INJECTION DIPYRIDAMOLE PER 10 MG	> \$500.00 Auth Required
billed charges administered	J1250	INJECTION DOBUTAMINE HCL PER 250 MG	> \$500.00 Auth Required
billed charges administered	J1260	INJECTION DOLASETRON MESYLATE 10 MG	> \$500.00 Auth Required
billed charges administered	J1265	INJECTION DOPAMINE HCL 40 MG	> \$500.00 Auth Required
billed charges administered	J1267	INJECTION DORIPENEM 10 MG	> \$500.00 Auth Required
billed charges administered	J1270	INJECTION DOXERCALCIFEROL 1 MCG	> \$500.00 Auth Required
billed charges administered	J1290	INJECTION ECALLANTIDE 1 MG	> \$500.00 Auth Required
billed charges administered	J1300	INJECTION ECULIZUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	> \$500.00 Auth Required
billed charges administered	J1320	INJ AMITRIPTYLINE HCL TO 20 MG	> \$500.00 Auth Required

billed charges administered	J1322	INJECTION ELOSULFASE ALFA 1 MG	> \$500.00 Auth Required
billed charges administered	J1324	INJECTION ENFUVIRTIDE 1 MG	> \$500.00 Auth Required
billed charges administered	J1325	INJECTION EPOPROSTENOL 0.5 MG	> \$500.00 Auth Required
billed charges administered	J1327	INJECTION EPTIFIBATIDE 5 MG	> \$500.00 Auth Required
billed charges administered	J1330	INJ ERGONOVINE MALEATE UP TO 0.2 MG	> \$500.00 Auth Required
billed charges administered	J1335	INJECTION ERTAPENEM SODIUM 500 MG	> \$500.00 Auth Required
billed charges administered	J1364	INJECTION ERYTH LACTOBIONATE 500 MG	> \$500.00 Auth Required
billed charges administered	J1380	INJ ESTRADIOL VALERATE TO 10 MG	> \$500.00 Auth Required
billed charges administered	J1410	INJECTION ESTROGEN CONJUGATED 25 MG	> \$500.00 Auth Required
billed charges administered	J1428	INJECTION ETEPLIRSEN 10 MG	> \$500.00 Auth Required
billed charges administered	J1429	INJECTION GOLODIRSEN 10 MG	> \$500.00 Auth Required
billed charges administered	J1430	INJ ETHANOLAMINE OLEATE 100 MG	> \$500.00 Auth Required
billed charges administered	J1435	INJECTION ESTRONE PER 1 MG	> \$500.00 Auth Required
billed charges administered	J1436	INJ ETIDRONATE DISODIUM PER 300 MG	> \$500.00 Auth Required
billed charges administered	J1438	INJECTION ETANERCEPT 25 MG	> \$500.00 Auth Required
billed charges administered	J1439	INJ FERRIC CARBOXYMALTOSE 1 MG	> \$500.00 Auth Required
billed charges administered	J1442	INJ FILGRASTIM EXCL BIOSIMILRS 1 MIC	> \$500.00 Auth Required
billed charges administered	J1443	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	> \$500.00 Auth Required
billed charges administered	J1447	INJECTION TBO-FILGRASTIM 1 MICROG	> \$500.00 Auth Required
billed charges administered	J1450	INJECTION FLUCONAZOLE 200 MG	> \$500.00 Auth Required
billed charges administered	J1451	INJECTION FOMEPIZOLE 15 MG	> \$500.00 Auth Required
billed charges administered	J1452	INJ FOMIVIRSEN SODIUM IO 1.65 MG	> \$500.00 Auth Required
billed charges administered	J1453	INJECTION FOSAPREPITANT 1 MG	> \$500.00 Auth Required
billed charges administered	J1455	INJECTION FOSCARNET SODIUM 1000 MG	> \$500.00 Auth Required
billed charges administered	J1457	INJECTION GALLIUM NITRATE 1 MG	> \$500.00 Auth Required
billed charges administered	J1458	INJECTION GALSULFASE 1 MG	> \$500.00 Auth Required
billed charges administered	J1459	INJ IG IV NONLYOPHILIZED 500 MG	> \$500.00 Auth Required
billed charges administered	J1460	INJECTION GAMMA GLOB IM 1 CC	> \$500.00 Auth Required
billed charges administered	J1550	INJECTION GAMMA GLOB IM 10 CC	> \$500.00 Auth Required
billed charges administered	J1556	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	> \$500.00 Auth Required
billed charges administered	J1557	INJ IG IV NONLYOPHILIZED 500 MG	> \$500.00 Auth Required
billed charges administered	J1558	INJ IMMUNE GLOBULIN XEMBIFY 100 MG	> \$500.00 Auth Required
billed charges administered	J1559	INJECTION IG HIZENTRA 100 MG	> \$500.00 Auth Required
billed charges administered	J1560	INJECTION GAMMA GLOB IM OVER 10 CC	> \$500.00 Auth Required
billed charges administered	J1561	INJ IG NONLYOPHILIZED 500 MG	> \$500.00 Auth Required
billed charges administered	J1562	INJECTION IG VIVAGLOBIN 100 MG	> \$500.00 Auth Required
billed charges administered	J1566	INJ IG IV LYPHILIZED NOS 500 MG	> \$500.00 Auth Required
billed charges administered	J1568	INJ IG OCTOGAM IV NONLYO 500MG	> \$500.00 Auth Required
billed charges administered	J1569	INJ IG GAMMAGARD IV NONLYO 500 MG	> \$500.00 Auth Required
billed charges administered	J1570	INJECTION GANCICLOVIR SODIUM 500 MG	> \$500.00 Auth Required
billed charges administered	J1571	INJ HEP B IG HEPAGAM B IM 0.5 ML	> \$500.00 Auth Required
billed charges administered	J1572	INJ IG IV NONLYOPHILIZED 500 MG	> \$500.00 Auth Required
billed charges administered	J1573	INJ HEP B IG HEPAGAM B IV 0.5 ML	> \$500.00 Auth Required
billed charges administered	J1575	INJ IG/HYALURONIDASE 100 MG IG	> \$500.00 Auth Required
billed charges administered	J1580	INJ GARAMYCIN GENTAMICIN UP 80 MG	> \$500.00 Auth Required
billed charges administered	J1595	INJECTION GLATIRAMER ACETATE 20 MG	> \$500.00 Auth Required
billed charges administered	J1599	INJ IG IV NONLYOPHILIZED NOS 500 MG	> \$500.00 Auth Required
billed charges administered	J1600	INJ GOLD SODIUM THIOMALATE TO 50 MG	> \$500.00 Auth Required
billed charges administered	J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	> \$500.00 Auth Required
billed charges administered	J1610	INJ GLUCAGON HYDROCHLORIDE PER 1 MG	> \$500.00 Auth Required
billed charges administered	J1620	INJ GONADORELN HYDROCHLORID 100 MCG	> \$500.00 Auth Required
billed charges administered	J1626	INJ GRANISETRN HYDROCHLORID 100 MCG	> \$500.00 Auth Required
billed charges administered	J1630	INJECTION HALOPERIDOL UP TO 5 MG	> \$500.00 Auth Required
billed charges administered	J1631	INJ HALOPERIDOL DECANOATE PER 50 MG	No Auth Required
billed charges administered	J1640	INJECTION HEMIN 1 MG	> \$500.00 Auth Required
billed charges administered	J1642	INJECTION HEPARIN SODIUM 10 UNITS	> \$500.00 Auth Required
billed charges administered	J1644	INJ HEPARIN SODIUM PER 1000 UNITS	> \$500.00 Auth Required
billed charges administered	J1645	INJ DALTEPARIN SODIUM PER 2500 IU	> \$500.00 Auth Required
billed charges administered	J1650	INJECTION ENOXAPARIN SODIUM 10 MG	> \$500.00 Auth Required
billed charges administered	J1652	INJ FONDAPARINUX SODIUM 0.5 MG	> \$500.00 Auth Required
billed charges administered	J1655	INJECTION TINZAPARIN SODIUM 1000 IU	> \$500.00 Auth Required
billed charges administered	J1670	INJ TETNS IMMUN GLOB HUMN TO 250 U	> \$500.00 Auth Required
billed charges administered	J1675	INJ HISTRELIN ACTAT 10 MICROGMS	> \$500.00 Auth Required
billed charges administered	J1700	INJ HYDROCORTISONE ACTAT TO 25 MG	> \$500.00 Auth Required
billed charges administered	J1710	INJ HYDROCORTISON SOD PHOS TO 50 MG	> \$500.00 Auth Required
billed charges administered	J1720	INJ HYDROCORTSON SOD SUCC TO 100 MG	> \$500.00 Auth Required
billed charges administered	J1730	INJECTION DIAZOXIDE UP TO 300 MG	> \$500.00 Auth Required
billed charges administered	J1740	INJECTION IBANDRONATE SODIUM 1 MG	> \$500.00 Auth Required
billed charges administered	J1741	INJECTION IBUPROFEN 100 MG	> \$500.00 Auth Required
billed charges administered	J1742	INJ IBUTILIDE FUMARATE 1 MG	> \$500.00 Auth Required
billed charges administered	J1743	INJECTION IDURSULFASE 1 MG	> \$500.00 Auth Required
billed charges administered	J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	> \$500.00 Auth Required
billed charges administered	J1750	INJECTION IRON DEXTRAN 50 MG	> \$500.00 Auth Required
billed charges administered	J1756	INJECTION IRON SUCROSE 1 MG	> \$500.00 Auth Required
billed charges administered	J1785	INJECTION IMIGLUCERASE PER UNIT	> \$500.00 Auth Required

billed charges administered	J1786	INJECTION IMIGLUCERASE 10 UNITS	> \$500.00 Auth Required
billed charges administered	J1790	INJECTION DROPERIDOL UP TO 5 MG	> \$500.00 Auth Required
billed charges administered	J1800	INJECTION PROPRANOLOL HCL TO 1 MG	> \$500.00 Auth Required
billed charges administered	J1810	INJ DROPRIDL&FENTNYL CITRAT TO 2ML	> \$500.00 Auth Required
billed charges administered	J1815	INJECTION INSULIN PER 5 UNITS	> \$500.00 Auth Required
billed charges administered	J1817	INSULIN ADMIN THRU DME PER 50 UNITS	> \$500.00 Auth Required
billed charges administered	J1825	INJECTION INTERFERON BETA-1A 33 MCG	> \$500.00 Auth Required
billed charges administered	J1826	INJECTION INTERFERON BETA-1A 30 MCG	> \$500.00 Auth Required
billed charges administered	J1830	INJ INTERFERON BETA-1B 0.25 MG	> \$500.00 Auth Required
billed charges administered	J1833	INJECTION ISAVUCONAZONIUM 1 MG	> \$500.00 Auth Required
billed charges administered	J1835	INJECTION ITRACONAZOLE 50 MG	> \$500.00 Auth Required
billed charges administered	J1840	INJ KANAMYCIN SULFATE TO 500 MG	> \$500.00 Auth Required
billed charges administered	J1850	INJ KANAMYCIN SULFATE TO 75 MG	> \$500.00 Auth Required
billed charges administered	J1885	INJ KETOROLAC TROMETHAMINE 15 MG	> \$500.00 Auth Required
billed charges administered	J1890	INJ CEPHALOTHIN SODIUM TO 1 GM	> \$500.00 Auth Required
billed charges administered	J1930	INJECTION LANREOTIDE 1 MG	> \$500.00 Auth Required
billed charges administered	J1931	INJECTION LARONIDASE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J1940	INJECTION FUROSEMIDE UP TO 20 MG	> \$500.00 Auth Required
billed charges administered	J1942	INJECTION ARIPIRAZOLE LAUROXL 1 MG	No Auth Required
billed charges administered	J1943	INJECTN ARIPIRAZOLE LAUROXIL 1 MG	> \$500.00 Auth Required
billed charges administered	J1944	INJECTN ARIPIRAZOLE LAUROXIL 1 MG	> \$500.00 Auth Required
billed charges administered	J1945	INJECTION LEPIRUDIN 50 MG	> \$500.00 Auth Required
billed charges administered	J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	> \$500.00 Auth Required
billed charges administered	J1953	INJECTION LEVETIRACETAM 10 MG	> \$500.00 Auth Required
billed charges administered	J1955	INJECTION LEVOCARNITINE PER 1 G	> \$500.00 Auth Required
billed charges administered	J1956	INJECTION LEVOFLOXACIN 250 MG	> \$500.00 Auth Required
billed charges administered	J1960	INJ LEVORPHANOL TARTRATE TO 2 MG	> \$500.00 Auth Required
billed charges administered	J1980	INJ HYOSCYAMINE SULFATE TO 0.25 MG	> \$500.00 Auth Required
billed charges administered	J1990	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	> \$500.00 Auth Required
billed charges administered	J2001	INJECTION LIDO HCL IV INFUS 10 MG	> \$500.00 Auth Required
billed charges administered	J2010	INJECTION LINCOMYCIN HCL TO 300 MG	> \$500.00 Auth Required
billed charges administered	J2020	INJECTION LINEZOLID 200 MG	> \$500.00 Auth Required
billed charges administered	J2060	INJECTION LORAZEPAM 2 MG	> \$500.00 Auth Required
billed charges administered	J2150	INJECTION MANNITOL 25% IN 50 ML	> \$500.00 Auth Required
billed charges administered	J2170	INJECTION MECASERMIN 1 MG	> \$500.00 Auth Required
billed charges administered	J2175	INJECTION MEPERIDINE HCL PER 100 MG	> \$500.00 Auth Required
billed charges administered	J2180	INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	> \$500.00 Auth Required
billed charges administered	J2182	INJECTION MEPOLIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J2185	INJECTION MEROPENEM 100 MG	> \$500.00 Auth Required
billed charges administered	J2210	INJ METHYLRGONOVIN MALATE TO 0.2 MG	> \$500.00 Auth Required
billed charges administered	J2212	INJECTION METHYLNALTREXONE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J2248	INJECTION MICA FUNGIN SODIUM 1 MG	> \$500.00 Auth Required
billed charges administered	J2250	INJECTION MIDAZOLAM HCL PER 1 MG	> \$500.00 Auth Required
billed charges administered	J2260	INJECTION MILRINONE LACTATE 5 MG	> \$500.00 Auth Required
billed charges administered	J2265	INJECTION MINOCYCLINE HCL 1 MG	> \$500.00 Auth Required
billed charges administered	J2270	INJ MORPHINE SULFATE UP TO 10 MG	> \$500.00 Auth Required
billed charges administered	J2274	INJ MS PRS-FREE EPID/INTH USE 10 MG	> \$500.00 Auth Required
billed charges administered	J2278	INJECTION ZICONOTIDE 1 MICROGRAM	> \$500.00 Auth Required
billed charges administered	J2280	INJECTION MOXIFLOXACIN 100 MG	> \$500.00 Auth Required
billed charges administered	J2300	INJECTION NALBUPHINE HCL PER 10 MG	> \$500.00 Auth Required
billed charges administered	J2310	INJECTION NALOXONE HCL PER 1 MG	> \$500.00 Auth Required
billed charges administered	J2315	INJ NALTREXONE DEPOT FORM 1 MG	> \$500.00 Auth Required
billed charges administered	J2320	INJ NANDROLONE DECANOATE TO 50 MG	> \$500.00 Auth Required
billed charges administered	J2323	INJECTION NATALIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J2325	INJECTION NESIRITIDE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J2326	INJECTION NUSINERSEN 0.1 MG	> \$500.00 Auth Required
billed charges administered	J2350	INJECTION OCRELIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J2353	INJ OCTREOTIDE DEPOT FORM IM 1MG	> \$500.00 Auth Required
billed charges administered	J2354	INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG	> \$500.00 Auth Required
billed charges administered	J2355	INJECTION OPRELVEKIN 5 MG	> \$500.00 Auth Required
billed charges administered	J2357	INJECTION OMALIZUMAB 5 MG	> \$500.00 Auth Required
billed charges administered	J2358	INJ OLANZAPINE LONG-ACTING 1 MG	No Auth Required
billed charges administered	J2360	INJ ORPHENADRINE CITRATE TO 60 MG	> \$500.00 Auth Required
billed charges administered	J2370	INJECTION PHENYLEPHRINE HCL TO 1 ML	> \$500.00 Auth Required
billed charges administered	J2400	INJ CHLOROPROCAINE HCL PER 30 ML	> \$500.00 Auth Required
billed charges administered	J2405	INJECTION ONDANSETRON HCL PER 1 MG	> \$500.00 Auth Required
billed charges administered	J2407	INJECTION ORITAVANCIN 10 MG	> \$500.00 Auth Required
billed charges administered	J2410	INJECTION OXYMORPHONE HCL TO 1 MG	> \$500.00 Auth Required
billed charges administered	J2425	INJECTION PALIFERMIN 50 MICROGRAMS	> \$500.00 Auth Required
billed charges administered	J2426	INJ PALIPERIDONE PALM EXT RLSE 1 MG	No Auth Required
billed charges administered	J2430	INJ PAMIDRONATE DISODIUM PER 30 MG	> \$500.00 Auth Required
billed charges administered	J2440	INJECTION PAPAVERINE HCL TO 60 MG	> \$500.00 Auth Required
billed charges administered	J2460	INJ OXYTETRACYCLINE HCL TO 50 MG	> \$500.00 Auth Required
billed charges administered	J2469	INJECTION PALONOSETRON HCL 25 MCG	> \$500.00 Auth Required
billed charges administered	J2501	INJECTION PARICALCITOL 1 MCG	> \$500.00 Auth Required

billed charges administered	J2502	INJ PASIREOTIDE LONG ACTING 1 MG	> \$500.00 Auth Required
billed charges administered	J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	> \$500.00 Auth Required
billed charges administered	J2504	INJECTION PEGADEMASE BOVINE 25 IU	> \$500.00 Auth Required
billed charges administered	J2505	INJECTION PEGFILGRASTIM 6 MG	> \$500.00 Auth Required
billed charges administered	J2507	INJECTION PEGLOTICASE 1 MG	> \$500.00 Auth Required
billed charges administered	J2510	INJ PCN G PROCAINE AQUEOUS 600000 U	> \$500.00 Auth Required
billed charges administered	J2513	INJ PENTASTARCH 10% SOL 100 ML	> \$500.00 Auth Required
billed charges administered	J2515	INJ PENTOBARBITAL SODIUM PER 50 MG	> \$500.00 Auth Required
billed charges administered	J2540	INJECTION PCN G K+ TO 600000 UNITS	> \$500.00 Auth Required
billed charges administered	J2543	INJ PIP SOD/TZ SOD 1 G/0.125 G	> \$500.00 Auth Required
billed charges administered	J2545	PENTAMIDINE ISETHIONAT I SOL 300 MG	> \$500.00 Auth Required
billed charges administered	J2547	INJECTION PERAMIVIR 1 MG	> \$500.00 Auth Required
billed charges administered	J2550	INJECTION PROMETHAZINE HCL TO 50 MG	> \$500.00 Auth Required
billed charges administered	J2560	INJ PHENOBARBITAL SODIUM TO 120 MG	> \$500.00 Auth Required
billed charges administered	J2562	INJECTION PLERIXAFOR 1 MG	> \$500.00 Auth Required
billed charges administered	J2590	INJECTION OXYTOCIN UP TO 10 UNITS	> \$500.00 Auth Required
billed charges administered	J2597	INJ DESMOPRESSIN ACETATE PER 1 MCG	> \$500.00 Auth Required
billed charges administered	J2650	INJ PREDNISOLONE ACETATE TO 1 ML	> \$500.00 Auth Required
billed charges administered	J2670	INJECTION TOLAZOLINE HCL TO 25 MG	> \$500.00 Auth Required
billed charges administered	J2675	INJECTION PROGESTERONE PER 50 MG	> \$500.00 Auth Required
billed charges administered	J2680	INJ FLUPHENAZINE DECANOATE TO 25 MG	No Auth Required
billed charges administered	J2690	INJ PROCAINAMIDE HCL TO 1 GM	> \$500.00 Auth Required
billed charges administered	J2700	INJ OXACILLIN SODIUM TO 250 MG	> \$500.00 Auth Required
billed charges administered	J2704	INJECTION PROPOFOL 10 MG	> \$500.00 Auth Required
billed charges administered	J2710	INJ NEOSTIGMINE METHYLSULFAT 0.5 MG	> \$500.00 Auth Required
billed charges administered	J2720	INJ PROTAMINE SULFATE PER 10 MG	> \$500.00 Auth Required
billed charges administered	J2724	INJ PROTEN C CONC IV HUMAN 10 IU	> \$500.00 Auth Required
billed charges administered	J2725	INJECTION PROTIRELIN PER 250 MCG	> \$500.00 Auth Required
billed charges administered	J2730	INJ PRALIDOXIME CHLORIDE TO 1 GM	> \$500.00 Auth Required
billed charges administered	J2760	INJ PHENTOLAMINE MESYLATE TO 5 MG	> \$500.00 Auth Required
billed charges administered	J2765	INJ METOCLOPRAMIDE HCL TO 10 MG	> \$500.00 Auth Required
billed charges administered	J2770	INJ QUINUPRISTIN/DALFOPRISTN 500 MG	> \$500.00 Auth Required
billed charges administered	J2778	INJECTION RANIBIZUMAB 0.1 MG	> \$500.00 Auth Required
billed charges administered	J2780	INJ RANITIDINE HYDROCHLORIDE 25 MG	> \$500.00 Auth Required
billed charges administered	J2783	INJECTION RASBURICASE 0.5 MG	> \$500.00 Auth Required
billed charges administered	J2785	INJECTION REGADENOSON 0.1 MG	> \$500.00 Auth Required
billed charges administered	J2786	INJECTION RESLIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J2788	INJ RHO D IG HUMAN MINIDOSE 50 MCG	> \$500.00 Auth Required
billed charges administered	J2790	INJ RHO D IG HUMN FULL DOSE 300 MCG	> \$500.00 Auth Required
billed charges administered	J2791	INJ RHO D IG HUMAN RHOPHYLAC 100 IU	> \$500.00 Auth Required
billed charges administered	J2792	INJ RHO D IMMUE GLOB IV HUMN 100 IU	> \$500.00 Auth Required
billed charges administered	J2793	INJECTION RILONACEPT 1 MG	> \$500.00 Auth Required
billed charges administered	J2794	INJECTION RISPERIDONE 0.5 MG	No Auth Required
billed charges administered	J2795	INJ ROPIVACAINE HYDROCHLORID 1 MG	> \$500.00 Auth Required
billed charges administered	J2796	INJECTION ROMIPLOSTIM 10 MCG	> \$500.00 Auth Required
billed charges administered	J2798	INJECTION RISPERIDONE 0.5 MG	> \$500.00 Auth Required
billed charges administered	J2800	INJECTION METHOCARBAMOL UP TO 10 ML	> \$500.00 Auth Required
billed charges administered	J2805	INJECTION SINCALIDE 5 MICROGRAMS	> \$500.00 Auth Required
billed charges administered	J2810	INJECTION THEOPHYLLINE PER 40 MG	> \$500.00 Auth Required
billed charges administered	J2820	INJECTION SARGRAMOSTIM 50 MCG	> \$500.00 Auth Required
billed charges administered	J2840	INJECTION SEBELIPASE ALFA 1 MG	> \$500.00 Auth Required
billed charges administered	J2850	INJ SECRETIN SYNTH HUMN 1 MICROGM	> \$500.00 Auth Required
billed charges administered	J2860	INJECTION SILTUXIMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J2910	INJECTION AUROTHIOGLUCOSE TO 50 MG	> \$500.00 Auth Required
billed charges administered	J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	> \$500.00 Auth Required
billed charges administered	J2920	INJ METHYLPRDNISOLON SODIM TO 40 MG	> \$500.00 Auth Required
billed charges administered	J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	> \$500.00 Auth Required
billed charges administered	J2940	INJECTION SOMATREM 1 MG	> \$500.00 Auth Required
billed charges administered	J2941	INJECTION SOMATROPIN 1 MG	> \$500.00 Auth Required
billed charges administered	J2950	INJECTION PROMAZINE HCL UP TO 25 MG	> \$500.00 Auth Required
billed charges administered	J2993	INJECTION RETEPLASE 18.1 MG	> \$500.00 Auth Required
billed charges administered	J2995	INJ STREPTOKINASE PER 250000 IU	> \$500.00 Auth Required
billed charges administered	J2997	INJ ALTEPLASE RECOMBINANT 1 MG	> \$500.00 Auth Required
billed charges administered	J3000	INJECTION STREPTOMYCIN UP TO 1 G	> \$500.00 Auth Required
billed charges administered	J3010	INJECTION FENTANYL CITRATE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J3030	INJECTION SUMATRIPTAN SUCCNAT 6 MG	> \$500.00 Auth Required
billed charges administered	J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	> \$500.00 Auth Required
billed charges administered	J3060	INJECTION TALIGLUCERASE ALFA 10 U	> \$500.00 Auth Required
billed charges administered	J3070	INJECTION PENTAZOCINE 30 MG	> \$500.00 Auth Required
billed charges administered	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	> \$500.00 Auth Required
billed charges administered	J3095	INJECTION TELAVANCIN 10 MG	> \$500.00 Auth Required
billed charges administered	J3101	INJECTION TENECTEPLASE 1 MG	> \$500.00 Auth Required
billed charges administered	J3105	INJ TERBUTALINE SULFATE TO 1 MG	> \$500.00 Auth Required
billed charges administered	J3110	INJECTION TERIPARATIDE 10 MCG	> \$500.00 Auth Required
billed charges administered	J3111	INJECTION ROMOSUZUMAB-AQQG 1 MG	> \$500.00 Auth Required

billed charges administered	J3121	INJ TESTOSTERONE ENANTHATE 1 MG	> \$500.00 Auth Required
billed charges administered	J3145	INJ TESTOSTERONE UNDECANOATE 1 MG	> \$500.00 Auth Required
billed charges administered	J3230	INJ CHLORPROMAZINE HCL TO 50 MG	> \$500.00 Auth Required
billed charges administered	J3240	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	> \$500.00 Auth Required
billed charges administered	J3243	INJECTION TIGECYCLINE 1 MG	> \$500.00 Auth Required
billed charges administered	J3246	INJECTION TIROFIBAN HCI 0.25 MG	> \$500.00 Auth Required
billed charges administered	J3250	INJ TRIMETHOBENZAMIDE HCL TO 200 MG	> \$500.00 Auth Required
billed charges administered	J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	> \$500.00 Auth Required
billed charges administered	J3262	INJECTION TOCILIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J3265	INJECTION TORSEMIDE 10 MG/ML	> \$500.00 Auth Required
billed charges administered	J3280	INJ THIETHYLPRAZINE MALEAT TO 10 MG	> \$500.00 Auth Required
billed charges administered	J3285	INJECTION TREPROSTINIL 1 MG	> \$500.00 Auth Required
billed charges administered	J3300	INJ TRIAMCINOLONE ACETONIDE PF 1 MG	> \$500.00 Auth Required
billed charges administered	J3301	INJ TRIAMCINOLON ACETONID NOS 10 MG	> \$500.00 Auth Required
billed charges administered	J3302	INJ TRIAMCINOLONE DIACTAT 5 MG	> \$500.00 Auth Required
billed charges administered	J3303	INJ TRIAMCINOLONE HEXACETONIDE 5 MG	> \$500.00 Auth Required
billed charges administered	J3305	INJ TRIMETREXATE GLUCORONATE 25 MG	> \$500.00 Auth Required
billed charges administered	J3310	INJECTION PERPHENAZINE UP TO 5 MG	> \$500.00 Auth Required
billed charges administered	J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	> \$500.00 Auth Required
billed charges administered	J3320	INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	> \$500.00 Auth Required
billed charges administered	J3350	INJECTION UREA UP TO 40 G	> \$500.00 Auth Required
billed charges administered	J3355	INJECTION UROFOLLITROPIN 75 IU	> \$500.00 Auth Required
billed charges administered	J3357	USTEKINUMAB FOR SUBQ INJECTION 1 MG	> \$500.00 Auth Required
billed charges administered	J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	> \$500.00 Auth Required
billed charges administered	J3360	INJECTION DIAZEPAM UP TO 5 MG	> \$500.00 Auth Required
billed charges administered	J3364	INJECTION UROKINASE 5000 IU VIAL	> \$500.00 Auth Required
billed charges administered	J3365	INJ IV UROKINASE 250000 IU VIAL	> \$500.00 Auth Required
billed charges administered	J3370	INJECTION VANCOMYCIN HCL 500 MG	> \$500.00 Auth Required
billed charges administered	J3380	INJECTION VEDOLIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J3385	INJ VELAGLUCERASE ALFA 100 UNITS	> \$500.00 Auth Required
billed charges administered	J3396	INJECTION VERTEPORFIN 0.1 MG	> \$500.00 Auth Required
billed charges administered	J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15VG	> \$500.00 Auth Required
billed charges administered	J3400	INJ TRIFLUPROMAZINE HCL TO 20 MG	> \$500.00 Auth Required
billed charges administered	J3410	INJECTION HYDROXYZINE HCL TO 25 MG	> \$500.00 Auth Required
billed charges administered	J3411	INJECTION THIAMINE HCL 100 MG	> \$500.00 Auth Required
billed charges administered	J3415	INJECTION PYRIDOXINE HCL 100 MG	> \$500.00 Auth Required
billed charges administered	J3420	INJ VIT B-12 CYNOCBLMN TO 1000 MCG	> \$500.00 Auth Required
billed charges administered	J3430	INJECTION PHYTONADIONE PER 1 MG	> \$500.00 Auth Required
billed charges administered	J3465	INJECTION VORICONAZOLE 10 MG	> \$500.00 Auth Required
billed charges administered	J3470	INJ HYALURONIDASE TO 150 UNITS	> \$500.00 Auth Required
billed charges administered	J3471	INE HYALURONIDASE OVINE 1 USP U	> \$500.00 Auth Required
billed charges administered	J3472	INJ HYALURONIDASE OVINE 1000 USP U	> \$500.00 Auth Required
billed charges administered	J3473	INJ HYALURONIDASE RECOMB 1 USP UNIT	> \$500.00 Auth Required
billed charges administered	J3475	INJ MAGNESIUM SULFATE PER 500 MG	> \$500.00 Auth Required
billed charges administered	J3480	INJ POTASSIUM CHLORIDE PER 2 MEQ	> \$500.00 Auth Required
billed charges administered	J3485	INJECTION ZIDOVUDINE 10 MG	> \$500.00 Auth Required
billed charges administered	J3486	INJ ZIPRASIDONE MESYLATE 10 MG	> \$500.00 Auth Required
billed charges administered	J3489	INJECTION ZOLEDRONIC ACID 1 MG	> \$500.00 Auth Required
billed charges administered	J3490	UNCLASSIFIED DRUGS	> \$500.00 Auth Required
billed charges administered	J3520	EDETATE DISODIUM PER 150 MG	> \$500.00 Auth Required
billed charges administered	J3530	NASAL VACCINE INHALATION	> \$500.00 Auth Required
billed charges administered	J3535	DRUG ADMIN THRU METERED DOSE INHAL	> \$500.00 Auth Required
billed charges administered	J3570	LAETRILE AMYGDALIN VITAMIN B17	> \$500.00 Auth Required
billed charges administered	J3590	UNCLASSIFIED BIOLOGICS	> \$500.00 Auth Required
billed charges administered	J7030	INFUS NORMAL SALINE SOL 1000 CC	> \$500.00 Auth Required
billed charges administered	J7040	INFUS NORMAL SALINE SOL STERILE	> \$500.00 Auth Required
billed charges administered	J7042	5% DEXTROSE/NORMAL SALINE	> \$500.00 Auth Required
billed charges administered	J7050	INFUS NORMAL SALINE SOLUTION 250 CC	> \$500.00 Auth Required
billed charges administered	J7060	5% DEXTROSE/WATER	> \$500.00 Auth Required
billed charges administered	J7070	INFUSION D-5-W 1000 CC	> \$500.00 Auth Required
billed charges administered	J7100	INFUSION DEXTRAN 40 500 ML	> \$500.00 Auth Required
billed charges administered	J7110	INFUSION DEXTRAN 75 500 ML	> \$500.00 Auth Required
billed charges administered	J7120	RINGERS LACTATE INFUSION TO 1000 CC	> \$500.00 Auth Required
billed charges administered	J7121	5% DEXTROSE LR INFUSION TO 1000 CC	> \$500.00 Auth Required
billed charges administered	J7169	INJ COAG FAC XA INACTV-ZHZO 10 MG	> \$500.00 Auth Required
billed charges administered	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7175	INJECTION FACTOR X 1 I.U.	> \$500.00 Auth Required
billed charges administered	J7178	INJ HUMAN FIBRINOGEN CONC NOS 1 MG	> \$500.00 Auth Required
billed charges administered	J7179	INJECTION VWF 1 I.U. VWF:RCO	> \$500.00 Auth Required
billed charges administered	J7180	INJECTION FACTOR XIII 1 I.U.	> \$500.00 Auth Required
billed charges administered	J7181	INJ FACTOR XIII A-SUBUNIT PER IU	> \$500.00 Auth Required
billed charges administered	J7182	INJECTION FACTOR VIII PER IU	> \$500.00 Auth Required
billed charges administered	J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	> \$500.00 Auth Required
billed charges administered	J7185	INJECTION FACTOR VIII PER IU	> \$500.00 Auth Required
billed charges administered	J7186	INJ AHF/ VWF CMLPX-FACTOR VIII IU	> \$500.00 Auth Required

billed charges administered	J7187	INJ VONWILLBRND FCT CMLPX HUMN IU	> \$500.00 Auth Required
billed charges administered	J7188	INJECTION FACTOR VIII PER I.U.	> \$500.00 Auth Required
billed charges administered	J7189	FACTOR VIIA 1 MICROGRAM	> \$500.00 Auth Required
billed charges administered	J7190	FACTOR VIII AHF HUMAN PER IU	> \$500.00 Auth Required
billed charges administered	J7191	FACTOR VIII AHF PROCINE PER IU	> \$500.00 Auth Required
billed charges administered	J7192	FACTOR VIII PER IU NOS	> \$500.00 Auth Required
billed charges administered	J7193	FACTOR IX AHF PURIFIED NON-RECMB-IU	> \$500.00 Auth Required
billed charges administered	J7194	FACTOR IX COMPLEX PER IU	> \$500.00 Auth Required
billed charges administered	J7195	INJECTION FACTOR IX PER IU NOS	> \$500.00 Auth Required
billed charges administered	J7196	INJ ANTITHROMBIN RECOMB 50 I.U.	> \$500.00 Auth Required
billed charges administered	J7197	ANTITHROMBIN III PER IU	> \$500.00 Auth Required
billed charges administered	J7198	ANTI-INHIBITOR PER IU	> \$500.00 Auth Required
billed charges administered	J7199	HEMOPHILIA CLOTTING FACTOR NOC	> \$500.00 Auth Required
billed charges administered	J7200	INJECTION FACTOR IX RIXUBIS PER IU	> \$500.00 Auth Required
billed charges administered	J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	> \$500.00 Auth Required
billed charges administered	J7202	INJ FAC IX AB FUS PRT IDELVN 1 I.U.	> \$500.00 Auth Required
billed charges administered	J7204	INJ FVIII AHF GLYCOPGYLTD-EXEI P-IU	> \$500.00 Auth Required
billed charges administered	J7205	INJ FACTOR VIII FC FUS PROTEIN IU	> \$500.00 Auth Required
billed charges administered	J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	> \$500.00 Auth Required
billed charges administered	J7209	INJECTION FACTOR VIII 1 I.U.	> \$500.00 Auth Required
billed charges administered	J7303	CNTRACEPTVE SPL HORMONE VAG RING EA	> \$500.00 Auth Required
billed charges administered	J7304	CONTRACEPTIVE SPL HORMONE PATCH EA	> \$500.00 Auth Required
billed charges administered	J7306	LEVONORGESTREL CONTRACPTV IMPL SYS	> \$500.00 Auth Required
billed charges administered	J7307	ETONOGESTREL IMPL SYS INCL IMPL&SPL	> \$500.00 Auth Required
billed charges administered	J7308	AMINOLEVULINIC ACID HCL TOP 20% 1 U	> \$500.00 Auth Required
billed charges administered	J7309	METHYL AMINOLEVULINATE TOP 16.8% 1G	> \$500.00 Auth Required
billed charges administered	J7310	GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	> \$500.00 Auth Required
billed charges administered	J7311	INJ FA INTRAVTRL IMPL RTSRT 0.01 MG	> \$500.00 Auth Required
billed charges administered	J7312	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	> \$500.00 Auth Required
billed charges administered	J7313	INJ FA INTRAVTRL IMPL ILUVN 0.01 MG	> \$500.00 Auth Required
billed charges administered	J7314	INJECT FA INTRAVITREAL IMPL 0.01 MG	> \$500.00 Auth Required
billed charges administered	J7315	MITOMYCIN OPHTHALMIC 0. 2 MG	> \$500.00 Auth Required
billed charges administered	J7316	INJECTION OCRIPLASMIN 0.125 MG	> \$500.00 Auth Required
billed charges administered	J7318	HYALN/DERIV DUROLANE IA INJ 1 MG	> \$500.00 Auth Required
billed charges administered	J7320	HYALN/DERIV GENVISC 850 IA INJ 1 MG	> \$500.00 Auth Required
billed charges administered	J7321	HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D	> \$500.00 Auth Required
billed charges administered	J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	> \$500.00 Auth Required
billed charges administered	J7323	HYALURONAN/DERIV EUFLEXA IA INJ PD	> \$500.00 Auth Required
billed charges administered	J7324	HYALURONAN/DRIV ORTHOVISC IA INJ PD	> \$500.00 Auth Required
billed charges administered	J7325	HYALURONAN/DERIV SYNVISC INJ 1 MG	> \$500.00 Auth Required
billed charges administered	J7326	HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	> \$500.00 Auth Required
billed charges administered	J7327	HYLAN/DERV MONOVISC IA INJ PER DOSE	> \$500.00 Auth Required
billed charges administered	J7328	HYAL/DERIV GELSYN-3 IA INJ 0.1 MG	> \$500.00 Auth Required
billed charges administered	J7330	AUTOL CULTURD CHONDROCYTES IMPL	> \$500.00 Auth Required
billed charges administered	J7336	CAPSAICIN 8% PATCH PER SQ CM	> \$500.00 Auth Required
billed charges administered	J7340	CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML	> \$500.00 Auth Required
billed charges administered	J7342	INSTILLATION CIPRO OTIC SUSPN 6 MG	> \$500.00 Auth Required
billed charges administered	J7401	MOMETASONE FUROATE SIN IMPL 10 MCG	> \$500.00 Auth Required
billed charges administered	J7500	AZATHIOPRINE ORAL 50 MG	> \$500.00 Auth Required
billed charges administered	J7501	AZATHIOPRINE PARENTERAL 100 MG	> \$500.00 Auth Required
billed charges administered	J7502	CYCLOSPORINE ORAL 100 MG	> \$500.00 Auth Required
billed charges administered	J7503	TACROLIMUS EXT RELEASE ORAL 0.25 MG	> \$500.00 Auth Required
billed charges administered	J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	> \$500.00 Auth Required
billed charges administered	J7505	MUROMONAB-CD3 PARENTERAL 5 MG	> \$500.00 Auth Required
billed charges administered	J7507	TACROLIMUS IMMED RELEASE ORAL 1 MG	> \$500.00 Auth Required
billed charges administered	J7508	TACROLIMUS EXT RELEASE ORAL 0.1 MG	> \$500.00 Auth Required
billed charges administered	J7509	METHYLPREDNISOLONE ORAL PER 4 MG	> \$500.00 Auth Required
billed charges administered	J7510	PREDNISOLONE ORAL PER 5 MG	> \$500.00 Auth Required
billed charges administered	J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	> \$500.00 Auth Required
billed charges administered	J7512	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	> \$500.00 Auth Required
billed charges administered	J7513	DACLIZUMAB PARENTERAL 25 MG	> \$500.00 Auth Required
billed charges administered	J7515	CYCLOSPORINE ORAL 25 MG	> \$500.00 Auth Required
billed charges administered	J7516	CYCLOSPORINE PARENTERAL 250 MG	> \$500.00 Auth Required
billed charges administered	J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	> \$500.00 Auth Required
billed charges administered	J7518	MYCOPHENOLIC ACID ORAL 180 MG	> \$500.00 Auth Required
billed charges administered	J7520	SIROLIMUS ORAL 1 MG	> \$500.00 Auth Required
billed charges administered	J7525	TACROLIMUS PARENTERAL 5 MG	> \$500.00 Auth Required
billed charges administered	J7527	EVEROLIMUS ORAL 0. 25 MG	> \$500.00 Auth Required
billed charges administered	J7599	IMMUNOSUPPRESSIVE DRUG NOC	> \$500.00 Auth Required
billed charges administered	J7604	ACETYLCYSTEINE I SOL CP PROD UD P G	> \$500.00 Auth Required
billed charges administered	J7605	ARFORMOTEROL I SOL NONCOMP UD 15 MG	> \$500.00 Auth Required
billed charges administered	J7606	FORMOTEROL FUMARATE IHAL U D 20 MCG	> \$500.00 Auth Required
billed charges administered	J7607	LEVALBUTERAL INHAL CP DME 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7608	ACETYLCYSTEINE I SOL NONCP UD PER G	> \$500.00 Auth Required
billed charges administered	J7609	ALBUTEROL INHAL CP THRU DME 1 MG	> \$500.00 Auth Required

billed charges administered	J7610	ALBUTEROL INHAL ADMIN THRU DME 1MG	> \$500.00 Auth Required
billed charges administered	J7611	ALBUTEROL INHAL NON-CP CONC 1 MG	> \$500.00 Auth Required
billed charges administered	J7612	LEVALBUTROL INHL NON-CP CONC 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7613	ALBUTEROL INHAL NON-CP U DOSE 1 MG	> \$500.00 Auth Required
billed charges administered	J7614	LEVALBUTEROL INHAL NON-CP U 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7615	LEVALBUTEROL INHAL DME UNIT 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7620	ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7622	BECLOMETHASONE INHAL CP UNIT PER MG	> \$500.00 Auth Required
billed charges administered	J7624	BETAMETHASONE INHAL CP UNIT PER MG	> \$500.00 Auth Required
billed charges administered	J7626	BUDESONIDE INHAL NON-CP U TO 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7627	BUDESONIDE INHAL CP UNIT TO 0.5 MG	> \$500.00 Auth Required
billed charges administered	J7628	BITOLTEROL MESYLAT INHAL CP CONC MG	> \$500.00 Auth Required
billed charges administered	J7629	BITOLTEROL MESYLATE INHAL CP U MG	> \$500.00 Auth Required
billed charges administered	J7631	CROMOLYN NA I SOL NONCP UD P 10 MG	> \$500.00 Auth Required
billed charges administered	J7632	CROMOLYN NA I SOL CP PROD UD 10 MG	> \$500.00 Auth Required
billed charges administered	J7633	BUDESONIDE INHAL NON-CP CNC 0.25 MG	> \$500.00 Auth Required
billed charges administered	J7634	BUDESONIDE INHAL CP DME 0.25 MG	> \$500.00 Auth Required
billed charges administered	J7635	ATROPINE INHAL CP CONC FORM PER MG	> \$500.00 Auth Required
billed charges administered	J7636	ATROPINE INHAL CP UNIT DOSE PER MG	> \$500.00 Auth Required
billed charges administered	J7637	DEXAMETHASONE INHAL CP CONC PER MG	> \$500.00 Auth Required
billed charges administered	J7638	DEXAMETHASONE INHAL CP UNIT PER MG	> \$500.00 Auth Required
billed charges administered	J7639	DORNASE ALFA I SOL NONCP U D-MG	> \$500.00 Auth Required
billed charges administered	J7640	FORMOTEROL INHAL CP U DOSE 12 MCG	> \$500.00 Auth Required
billed charges administered	J7641	FLUNISOLIDE INHAL COMP UNIT PER MG	> \$500.00 Auth Required
billed charges administered	J7642	GLYCOPYRROLATE INHAL CP CONC PER MG	> \$500.00 Auth Required
billed charges administered	J7643	GLYCOPYRROLATE INHAL U DOSE PER MG	> \$500.00 Auth Required
billed charges administered	J7644	IPRATROPIUM BROM INHAL NON-CP U MG	> \$500.00 Auth Required
billed charges administered	J7645	IPRATROPIUM BROMIDE INHAL U PER MG	> \$500.00 Auth Required
billed charges administered	J7647	ISOETHARINE HCL INHAL CP DME PER MG	> \$500.00 Auth Required
billed charges administered	J7648	ISOETHARINE HCl INH NON-CP CONC MG	> \$500.00 Auth Required
billed charges administered	J7649	ISOETHARINE HCl NON-CP U DOS PER MG	> \$500.00 Auth Required
billed charges administered	J7650	ISOETHARINE HCl INHAL U DOSE PER MG	> \$500.00 Auth Required
billed charges administered	J7657	ISOPROTERENOL HCl INHAL CP DME MG	> \$500.00 Auth Required
billed charges administered	J7658	ISOPROTERENOL HCl INH NON-CP CONC MG	> \$500.00 Auth Required
billed charges administered	J7659	ISOPROTERENOL HCl INH NON-CP U MG	> \$500.00 Auth Required
billed charges administered	J7660	ISOPROTERENOL HCl INHAL UNIT PER MG	> \$500.00 Auth Required
billed charges administered	J7665	MANNITOL ADMIN THRU AN INHALER 5 MG	> \$500.00 Auth Required
billed charges administered	J7667	METAPROTERENOL SULF INHAL CP 10 MG	> \$500.00 Auth Required
billed charges administered	J7668	METAPROTERNOL INH NON-CP CONC 10 MG	> \$500.00 Auth Required
billed charges administered	J7669	METAPROTERNOL INH NON-CP CONC 10 MG	> \$500.00 Auth Required
billed charges administered	J7670	METAPROTERENOL SULFATE INHAL 10 MG	> \$500.00 Auth Required
billed charges administered	J7674	METHACHOLINE CHLORID INHAL PER 1 MG	> \$500.00 Auth Required
billed charges administered	J7676	PENTAMIDINE ISETHIONATE I SL 300 MG	> \$500.00 Auth Required
billed charges administered	J7680	TERBUTALINE SULFATE INH CP CONC MG	> \$500.00 Auth Required
billed charges administered	J7681	TERBUTALINE SULF INH COMP U DOSE MG	> \$500.00 Auth Required
billed charges administered	J7682	TOBRAMYCIN INHAL NON-CP UNIT 300 MG	> \$500.00 Auth Required
billed charges administered	J7683	TRIAMCINOLONE INHAL CP CONC PER MG	> \$500.00 Auth Required
billed charges administered	J7684	TRIAMCINOLONE INHAL CP UNIT PER MG	> \$500.00 Auth Required
billed charges administered	J7685	TOBRAMYCIN INHAL CP THRU DME 300 MG	> \$500.00 Auth Required
billed charges administered	J7686	TREPROSTINIL INHAL UNIT DOS 1.74 MG	> \$500.00 Auth Required
billed charges administered	J7699	NOC RX INHAL SOL ADMINED THRU DME	> \$500.00 Auth Required
billed charges administered	J7799	NOC RX NOT INHAL RX ADMNED THRU DME	> \$500.00 Auth Required
billed charges administered	J7999	COMPOUNDED DRUG NOC	> \$500.00 Auth Required
billed charges administered	J8498	ANTIEMETIC DRUG RECTAL/SUPP NOS	> \$500.00 Auth Required
billed charges administered	J8499	PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	> \$500.00 Auth Required
billed charges administered	J9000	INJECTION DOXORUBICIN HCL 10 MG	> \$500.00 Auth Required
billed charges administered	J9015	INJ ALDESLEUKIN PER SINGLE USE VIAL	> \$500.00 Auth Required
billed charges administered	J9017	INJECTION ARSENIC TRIOXIDE 1 MG	> \$500.00 Auth Required
billed charges administered	J9019	INJ ASPARAGINASE ERWINAZE 1000 IU	> \$500.00 Auth Required
billed charges administered	J9020	INJECTION ASPARAGINASE 10000 UNITS	> \$500.00 Auth Required
billed charges administered	J9022	INJECTION ATEZOLIZUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9023	INJECTION AVELUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9025	INJECTION AZACITIDINE 1 MG	> \$500.00 Auth Required
billed charges administered	J9027	INJECTION CLOFARABINE 1 MG	> \$500.00 Auth Required
billed charges administered	J9031	BCG PER INSTILLATION	> \$500.00 Auth Required
billed charges administered	J9032	INJECTION BELINOSTAT 10 MG	> \$500.00 Auth Required
billed charges administered	J9033	INJ BENDAMUSTINE HCL TREANDA 1 MG	> \$500.00 Auth Required
billed charges administered	J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	> \$500.00 Auth Required
billed charges administered	J9035	INJECTION BEVACIZUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	> \$500.00 Auth Required
billed charges administered	J9040	INJECTION BLEOMYCIN SULFATE 15 UNIT	> \$500.00 Auth Required
billed charges administered	J9041	INJECTION BORTEZOMIB 0.1 MG	> \$500.00 Auth Required
billed charges administered	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	> \$500.00 Auth Required
billed charges administered	J9043	INJECTION CABAZITAXEL 1 MG	> \$500.00 Auth Required
billed charges administered	J9045	INJECTION CARBOPLATIN 50 MG	> \$500.00 Auth Required

billed charges administered	J9047	INJECTION CARFILZOMIB 1 MG	> \$500.00 Auth Required
billed charges administered	J9050	INJECTION CARMUSTINE 100 MG	> \$500.00 Auth Required
billed charges administered	J9055	INJECTION CETUXIMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9060	INJ CISPLATIN POWDER/SOLUTION 10 MG	> \$500.00 Auth Required
billed charges administered	J9065	INJECTION CLADRIBINE PER 1 MG	> \$500.00 Auth Required
billed charges administered	J9070	CYCLOPHOSPHAMIDE 100 MG	> \$500.00 Auth Required
billed charges administered	J9098	INJECTION CYTARABINE LIPOsome 10 MG	> \$500.00 Auth Required
billed charges administered	J9100	INJECTION CYTARABINE 100 MG	> \$500.00 Auth Required
billed charges administered	J9119	INJECTION CEMIPIMAB-RWLC 1 MG	> \$500.00 Auth Required
billed charges administered	J9120	INJECTION DACTINOMYCIN 0.5 MG	> \$500.00 Auth Required
billed charges administered	J9130	DACARBAZINE 100 MG	> \$500.00 Auth Required
billed charges administered	J9150	INJECTION DAUNORUBICIN 10 MG	> \$500.00 Auth Required
billed charges administered	J9151	INJ DAUNORUBICIN CITRATE LIP 10 MG	> \$500.00 Auth Required
billed charges administered	J9155	INJECTION DEGARELIX 1 MG	> \$500.00 Auth Required
billed charges administered	J9160	INJ DENILEUKIN DIFTITOX 300 MCG	> \$500.00 Auth Required
billed charges administered	J9165	INJ DIETHYLSTILBESTROL 250 MG	> \$500.00 Auth Required
billed charges administered	J9171	INJECTION DOCETAXEL 1 MG	> \$500.00 Auth Required
billed charges administered	J9175	INJECTION ELLIOTT'S B SOLUTION 1 ML	> \$500.00 Auth Required
billed charges administered	J9176	INJECTION ELOTUZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J9177	INJ ENFORTUMAB VEDOTIN-EJFV 0.25 MG	> \$500.00 Auth Required
billed charges administered	J9178	INJECTION EPIRUBICIN HCL 2 MG	> \$500.00 Auth Required
billed charges administered	J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	> \$500.00 Auth Required
billed charges administered	J9181	INJECTION ETOPOSIDE 10 MG	> \$500.00 Auth Required
billed charges administered	J9185	INJ FLUDARABINE PHOSPHATE 50 MG	> \$500.00 Auth Required
billed charges administered	J9190	INJECTION FLUOROURACIL 500 MG	> \$500.00 Auth Required
billed charges administered	J9200	INJECTION FLOXURIDINE 500 MG	> \$500.00 Auth Required
billed charges administered	J9201	INJ GEMCITABINE HCL NOS 200 MG	> \$500.00 Auth Required
billed charges administered	J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	> \$500.00 Auth Required
billed charges administered	J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	> \$500.00 Auth Required
billed charges administered	J9206	INJECTION IRINOTECAN 20 MG	> \$500.00 Auth Required
billed charges administered	J9207	INJECTION IXABEPILONE 1 MG	> \$500.00 Auth Required
billed charges administered	J9208	INJECTION IFOSFAMIDE 1 G	> \$500.00 Auth Required
billed charges administered	J9209	INJECTION MESNA 200 MG	> \$500.00 Auth Required
billed charges administered	J9210	INJECTION EMAPALUMAB-LZSG 1 MG	> \$500.00 Auth Required
billed charges administered	J9211	INJECTION IDARUBICIN HCL 5 MG	> \$500.00 Auth Required
billed charges administered	J9212	INJ INTRFERN ALFACON-1 RECOMB 1 MCG	> \$500.00 Auth Required
billed charges administered	J9213	INJ INTERFERON ALFA-2A RECOM 3 M U	> \$500.00 Auth Required
billed charges administered	J9214	INJ INTERFERON ALFA-2B RECOMB 1 M U	> \$500.00 Auth Required
billed charges administered	J9215	INJ INTERFERON ALFA-N3 250,000 IU	> \$500.00 Auth Required
billed charges administered	J9216	INJ INTERFERON GAMMA-1B 3 MILLION U	> \$500.00 Auth Required
billed charges administered	J9217	LEUPROLIDE ACETATE 7.5 MG	> \$500.00 Auth Required
billed charges administered	J9218	LEUPROLIDE ACETATE PER 1 MG	> \$500.00 Auth Required
billed charges administered	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	> \$500.00 Auth Required
billed charges administered	J9225	HISTRELIN IMPLANT VANTAS 50 MG	> \$500.00 Auth Required
billed charges administered	J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	> \$500.00 Auth Required
billed charges administered	J9228	INJECTION IPILIMUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J9230	INJECTION MECHLORETHAMINE HCL 10 MG	> \$500.00 Auth Required
billed charges administered	J9245	INJECTION MELPHALAN HCL 50 MG	> \$500.00 Auth Required
billed charges administered	J9246	INJECTION MELPHALAN EVOMELA 1 MG	> \$500.00 Auth Required
billed charges administered	J9250	METHOTREXATE SODIUM 5 MG	> \$500.00 Auth Required
billed charges administered	J9260	METHOTREXATE SODIUM 50 MG	> \$500.00 Auth Required
billed charges administered	J9261	INJECTION NELARABINE 50 MG	> \$500.00 Auth Required
billed charges administered	J9262	INJ OMACETAXINE MPEPUSUCINAT .01 MG	> \$500.00 Auth Required
billed charges administered	J9263	INJECTION OXALIPLATIN 0.5 MG	> \$500.00 Auth Required
billed charges administered	J9264	INJ PACLITAXEL PROTBND PARTICL 1 MG	> \$500.00 Auth Required
billed charges administered	J9266	INJ PEGASPARGASE SINGLE DOSE VIAL	> \$500.00 Auth Required
billed charges administered	J9267	INJECTION PACLITAXEL 1 MG	> \$500.00 Auth Required
billed charges administered	J9268	INJECTION PENTOSTATIN 10 MG	> \$500.00 Auth Required
billed charges administered	J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	> \$500.00 Auth Required
billed charges administered	J9270	INJECTION PLICAMYCIN 2.5 MG	> \$500.00 Auth Required
billed charges administered	J9271	INJECTION PEMBROLIZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J9280	INJECTION MITOMYCIN 5 MG	> \$500.00 Auth Required
billed charges administered	J9285	INJECTION OLARATUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9293	INJECTION MITOXANTRONE HCL PER 5 MG	> \$500.00 Auth Required
billed charges administered	J9299	INJECTION NIVOLUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J9300	INJ GEMTUZUMAB OZOGAMICIN 5 MG	> \$500.00 Auth Required
billed charges administered	J9301	INJECTION OBINUTUZUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9302	INJECTION OFATUMUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9303	INJECTION PANITUMUMAB 10 MG	> \$500.00 Auth Required
billed charges administered	J9305	INJECTION PEMETREXED 10 MG	> \$500.00 Auth Required
billed charges administered	J9306	INJECTION PERTUZUMAB 1 MG	> \$500.00 Auth Required
billed charges administered	J9307	INJECTION PRALATREXATE 1 MG	> \$500.00 Auth Required
billed charges administered	J9308	INJECTION RAMUCIRUMAB 5 MG	> \$500.00 Auth Required
billed charges administered	J9310	INJECTION RITUXIMAB 100 MG	> \$500.00 Auth Required
billed charges administered	J9312	INJECTION RITUXIMAB 10 MG	> \$500.00 Auth Required

billed charges administered	J9313	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	> \$500.00 Auth Required
billed charges administered	J9315	INJECTION ROMIDEPSIN 1 MG	> \$500.00 Auth Required
billed charges administered	J9320	INJECTION STREPTOZOCIN 1 G	> \$500.00 Auth Required
billed charges administered	J9325	INJ T-VEC PER 1 M PLAQUE FORM UNITS	> \$500.00 Auth Required
billed charges administered	J9328	INJECTION TEMOZOLOMIDE 1 MG	> \$500.00 Auth Required
billed charges administered	J9330	INJECTION TEMSIROLIMUS 1 MG	> \$500.00 Auth Required
billed charges administered	J9340	INJECTION THIOTEPA 15 MG	> \$500.00 Auth Required
billed charges administered	J9351	INJECTION TOPOTECAN 0.1 MG	> \$500.00 Auth Required
billed charges administered	J9352	INJECTION TRABECTEDIN 0.1 MG	> \$500.00 Auth Required
billed charges administered	J9355	INJ TRASTUZUMAB EXCLD BIOSIM 10 MG	> \$500.00 Auth Required
billed charges administered	J9357	INJ VALRUBICIN INTRAVESICAL 200 MG	> \$500.00 Auth Required
billed charges administered	J9358	INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG	> \$500.00 Auth Required
billed charges administered	J9360	INJECTION VINBLASTINE SULFATE 1 MG	> \$500.00 Auth Required
billed charges administered	J9370	VINCRISTINE SULFATE 1 MG	> \$500.00 Auth Required
billed charges administered	J9371	INJ VINCRISTINE SULF LIPOSOME 1 MG	> \$500.00 Auth Required
billed charges administered	J9390	INJ VINOELBINE TARTRATE 10 MG	> \$500.00 Auth Required
billed charges administered	J9395	INJECTION FULVESTRANT 25 MG	> \$500.00 Auth Required
billed charges administered	J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	> \$500.00 Auth Required
billed charges administered	J9600	INJECTION PORFIMER SODIUM 75 MG	> \$500.00 Auth Required
billed charges administered	J9999	NOT OTHWISE CLASS ANTINEOPLSTC DRUG	> \$500.00 Auth Required
billed charges administered	Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	> \$500.00 Auth Required
billed charges administered	Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL	> \$500.00 Auth Required
billed charges administered	Q0177	HYDROXYZINE PAMOATE 25 MG ORAL	> \$500.00 Auth Required
billed charges administered	Q2050	INJ DOXORUBICIN HCL LIPO NOS 10 MG	> \$500.00 Auth Required
billed charges administered	Q5101	INJ FILGRASTIM BIOSIMILAR 1 MCG	> \$500.00 Auth Required
billed charges administered	Q5102	INJ INFLIXIMAB BIOSIMILAR 10 MG	> \$500.00 Auth Required
billed charges administered	Q5102	INJ INFLIXIMAB BIOSIMILAR 10 MG	> \$500.00 Auth Required
billed charges administered	Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	> \$500.00 Auth Required
billed charges administered	Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	> \$500.00 Auth Required
billed charges administered	Q5107	INJ BEVACIZUMAB-AWWB BIOSIMILR 10 MG	> \$500.00 Auth Required
billed charges administered	Q5119	INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG	> \$500.00 Auth Required
billed charges administered	Q5120	INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG	> \$500.00 Auth Required
billed charges administered	Q9957	INJ PERFLUTREN LIPID MICROSPHERS ML	> \$500.00 Auth Required
billed charges administered	S0020	INJ BUPIVICAINE HYDROCHLORIDE 30 ML	> \$500.00 Auth Required
billed charges administered	S0021	INJ CEFOPERAZONE SODIUM 1 GM	> \$500.00 Auth Required
billed charges administered	S0023	INJ CIMETIDINE HYDROCHLORIDE 300 MG	> \$500.00 Auth Required
billed charges administered	S0028	INJECTION FAMOTIDINE 20 MG	> \$500.00 Auth Required
billed charges administered	S0142	COLISTHMTATE SODIUM INHAL CONC-MG	> \$500.00 Auth Required
billed charges administered	S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	> \$500.00 Auth Required
billed charges administered	S0189	TESTOSTERONE PELLET 75 MG	> \$500.00 Auth Required
MRA	70544	MR ANGIOGRAPHY HEAD W/O DYE	UM Required/Auth List
MRA	70545	MR ANGIOGRAPHY HEAD W/DYE	UM Required/Auth List
MRA	70546	MR ANGIOGRAPH HEAD W/O&W/DYE	UM Required/Auth List
MRA	70547	MR ANGIOGRAPHY NECK W/O DYE	UM Required/Auth List
MRA	70548	MR ANGIOGRAPHY NECK W/DYE	UM Required/Auth List
MRA	70549	MR ANGIOGRAPH NECK W/O&W/DYE	UM Required/Auth List
MRA	71555	MRI ANGIO CHEST W OR W/O DYE	UM Required/Auth List
MRA	72159	MR ANGIO SPINE W/O&W/DYE	UM Required/Auth List
MRA	72198	MR ANGIO PELVIS W/O & W/DYE	UM Required/Auth List
MRA	73225	MR ANGIO UPR EXTR W/O&W/DYE	UM Required/Auth List
MRA	73725	MR ANG LWR EXT W OR W/O DYE	UM Required/Auth List
MRA	74185	MRI ANGIO ABDOM W ORW/O DYE	UM Required/Auth List
MRA	77021	MRI GUIDANCE NDL PLMT RS&I	UM Required/Auth List
MRI	70336	MAGNETIC IMAGE JAW JOINT	UM Required/Auth List
MRI	70540	MRI ORBIT/FACE/NECK W/O DYE	UM Required/Auth List
MRI	70542	MRI ORBIT/FACE/NECK W/DYE	UM Required/Auth List
MRI	70543	MRI ORBT/FAC/NCK W/O &W/DYE	UM Required/Auth List
MRI	70551	MRI BRAIN STEM W/O DYE	UM Required/Auth List
MRI	70552	MRI BRAIN STEM W/DYE	UM Required/Auth List
MRI	70553	MRI BRAIN STEM W/O & W/DYE	UM Required/Auth List
MRI	70554	FMRI BRAIN BY TECH	UM Required/Auth List
MRI	70555	FMRI BRAIN BY PHYS/PSYCH	UM Required/Auth List
MRI	70557	MRI BRAIN W/O DYE	UM Required/Auth List
MRI	70558	MRI BRAIN W/DYE	UM Required/Auth List
MRI	70559	MRI BRAIN W/O & W/DYE	UM Required/Auth List
MRI	71550	MRI CHEST W/O DYE	UM Required/Auth List
MRI	71551	MRI CHEST W/DYE	UM Required/Auth List
MRI	71552	MRI CHEST W/O & W/DYE	UM Required/Auth List
MRI	71555	MRI ANGIO CHEST W OR W/O DYE	UM Required/Auth List
MRI	72141	MRI NECK SPINE W/O DYE	UM Required/Auth List
MRI	72142	MRI NECK SPINE W/DYE	UM Required/Auth List
MRI	72146	MRI CHEST SPINE W/O DYE	UM Required/Auth List
MRI	72147	MRI CHEST SPINE W/DYE	UM Required/Auth List
MRI	72148	MRI LUMBAR SPINE W/O DYE	UM Required/Auth List
MRI	72149	MRI LUMBAR SPINE W/DYE	UM Required/Auth List

MRI	72156	MRI NECK SPINE W/O & W/DYE	UM Required/Auth List
MRI	72157	MRI CHEST SPINE W/O & W/DYE	UM Required/Auth List
MRI	72158	MRI LUMBAR SPINE W/O & W/DYE	UM Required/Auth List
MRI	72195	MRI PELVIS W/O DYE	UM Required/Auth List
MRI	72196	MRI PELVIS W/DYE	UM Required/Auth List
MRI	72197	MRI PELVIS W/O & W/DYE	UM Required/Auth List
MRI	73218	MRI UPPER EXTREMITY W/O DYE	UM Required/Auth List
MRI	73219	MRI UPPER EXTREMITY W/DYE	UM Required/Auth List
MRI	73220	MRI UPPR EXTREMITY W/O&W/DYE	UM Required/Auth List
MRI	73221	MRI JOINT UPR EXTREM W/O DYE	UM Required/Auth List
MRI	73222	MRI JOINT UPR EXTREM W/DYE	UM Required/Auth List
MRI	73223	MRI JOINT UPR EXTR W/O&W/DYE	UM Required/Auth List
MRI	73718	MRI LOWER EXTREMITY W/O DYE	UM Required/Auth List
MRI	73719	MRI LOWER EXTREMITY W/DYE	UM Required/Auth List
MRI	73720	MRI LWR EXTREMITY W/O&W/DYE	UM Required/Auth List
MRI	73721	MRI JNT OF LWR EXTRE W/O DYE	UM Required/Auth List
MRI	73722	MRI JOINT OF LWR EXTR W/DYE	UM Required/Auth List
MRI	73723	MRI JOINT LWR EXTR W/O&W/DYE	UM Required/Auth List
MRI	74181	MRI ABDOMEN W/O DYE	UM Required/Auth List
MRI	74182	MRI ABDOMEN W/DYE	UM Required/Auth List
MRI	74183	MRI ABDOMEN W/O & W/DYE	UM Required/Auth List
MRI	74185	MRI ANGIO ABDOM W ORW/O DYE	UM Required/Auth List
MRI	74712	MRI FETAL SNGL/1ST GESTATION	UM Required/Auth List
MRI	74713	MRI FETAL EA ADDL GESTATION	UM Required/Auth List
MRI	75557	CARDIAC MRI FOR MORPH	UM Required/Auth List
MRI	75559	CARDIAC MRI W/STRESS IMG	UM Required/Auth List
MRI	75561	CARDIAC MRI FOR MORPH W/DYE	UM Required/Auth List
MRI	75563	CARD MRI W/STRESS IMG & DYE	UM Required/Auth List
MRI	75565	CARD MRI VELOC FLOW MAPPING	UM Required/Auth List
MRI	76376	3D RENDER W/INTRP POSTPROCES	UM Required/Auth List
MRI	76377	3D RENDER W/INTRP POSTPROCES	UM Required/Auth List
MRI	76390	MR SPECTROSCOPY	UM Required/Auth List
MRI	77022	MRI GDN PARNCHYMA TISS ABLTJ	UM Required/Auth List
MRI	77046	MRI BREAST C- UNILATERAL	UM Required/Auth List
MRI	77047	MRI BREAST C- BILATERAL	UM Required/Auth List
MRI	77048	MRI BREAST C+ W/CAD UNI	UM Required/Auth List
MRI	77049	MRI BREAST C+ W/CAD BI	UM Required/Auth List
MRI	77058	MRI ONE BREAST	UM Required/Auth List
MRI	77059	MRI BOTH BREASTS	UM Required/Auth List
MRI	77084	MAGNETIC IMAGE BONE MARROW	UM Required/Auth List
MRI	C9762	CMRI MRPHOL&FNC Q SEG DYSF;STR IMAG	UM Required/Auth List
MRI	C9763	CMRI MRPHOL&FNC Q SEG DYSF;STS IMAG	UM Required/Auth List
Non-Emergency Transportatic	A0020	AMBULANCE BASIC LIFE SUPPORT PER MILE 1 WAY	For Non-Emergent Transport only
Non-Emergency Transportatic	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	For Non-Emergent Transport only
Non-Emergency Transportatic	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	For Non-Emergent Transport only
Non-Emergency Transportatic	A0420	AMB WAITING TIME 1/2 HR INCREMENTS	For Non-Emergent Transport only
Non-Emergency Transportatic	A0422	AMB OXYGEN&O2 SPL LIFE SUSTAINING	For Non-Emergent Transport only
Non-Emergency Transportatic	A0424	EXTRA AMB ATTENDANT GROUND/AIR;	For Non-Emergent Transport only
Non-Emergency Transportatic	A0425	GROUND MILEAGE PER STATUTE MILE	For Non-Emergent Transport only
Non-Emergency Transportatic	A0426	AMB SRVC ALS NONEMERG TRNSPRT LVL 1	For Non-Emergent Transport only
Non-Emergency Transportatic	A0428	AMB SERVICE BLS NONEMERG TRANSPORT	For Non-Emergent Transport only
Non-Emergency Transportatic	A0430	AMB SRVC AIR TRNSPRT 1 WAY FIX WING	For Non-Emergent Transport only
Non-Emergency Transportatic	A0431	AMB SRVC AIR TRNSPRT 1 WAY ROTARY	For Non-Emergent Transport only
Non-Emergency Transportatic	A0433	ADVANCED LIFE SUPPORT LEVEL 2	For Non-Emergent Transport only
Non-Emergency Transportatic	A0434	SPECIALTY CARE TRANSPORT	For Non-Emergent Transport only
Non-Emergency Transportatic	A0435	FIX WING AIR MILEAGE-STATUTE MILE	For Non-Emergent Transport only
Non-Emergency Transportatic	A0436	ROTARY WING AIR MILEAGE-STATUT MILE	For Non-Emergent Transport only
NSTs or BPPs (> 2 per pregnar	59020	FETAL CONTRACT STRESS TEST	> 2 Visits Auth required except MFM'S
NSTs or BPPs (> 2 per pregnar	59025	FETAL NON-STRESS TEST	> 2 Visits Auth required except MFM'S
NSTs or BPPs (> 2 per pregnar	76818	FETAL BIOPHYS PROFILE W/NST	> 2 Visits Auth required except MFM'S
NSTs or BPPs (> 2 per pregnar	76819	FETAL BIOPHYS PROFIL W/O NST	> 2 Visits Auth required except MFM'S
Nuclear Stress Test	78414	NON-IMAGING HEART FUNCTION	UM Required/Auth List
Nuclear Stress Test	78428	CARDIAC SHUNT IMAGING	UM Required/Auth List
Nuclear Stress Test	78445	VASCULAR FLOW IMAGING	UM Required/Auth List
Nuclear Stress Test	78451	HT MUSCLE IMAGE SPECT SING	UM Required/Auth List
Nuclear Stress Test	78452	HT MUSCLE IMAGE SPECT MULT	UM Required/Auth List
Nuclear Stress Test	78453	HT MUSCLE IMAGE PLANAR SING	UM Required/Auth List
Nuclear Stress Test	78454	HT MUSC IMAGE PLANAR MULT	UM Required/Auth List
Nuclear Stress Test	78456	ACUTE VENOUS THROMBUS IMAGE	UM Required/Auth List
Nuclear Stress Test	78457	VENOUS THROMBOSIS IMAGING	UM Required/Auth List
Nuclear Stress Test	78458	VEN THROMBOSIS IMAGES BILAT	UM Required/Auth List
Nuclear Stress Test	78459	MYOCDR IMG PET SINGLE STUDY	UM Required/Auth List
Nuclear Stress Test	78466	HEART INFARCT IMAGE	UM Required/Auth List
Nuclear Stress Test	78468	HEART INFARCT IMAGE (EF)	UM Required/Auth List
Nuclear Stress Test	78469	HEART INFARCT IMAGE (3D)	UM Required/Auth List

Nuclear Stress Test	78472	GATED HEART PLANAR SINGLE	UM Required/Auth List
Nuclear Stress Test	78473	GATED HEART MULTIPLE	UM Required/Auth List
Nuclear Stress Test	78481	HEART FIRST PASS SINGLE	UM Required/Auth List
Nuclear Stress Test	78483	HEART FIRST PASS MULTIPLE	UM Required/Auth List
Nuclear Stress Test	78491	MYOCDR IMG PET 1STD RST/STRS	UM Required/Auth List
Nuclear Stress Test	78492	MYOCDR IMG PET MLT RST&STRS	UM Required/Auth List
Nuclear Stress Test	78494	HEART IMAGE SPECT	UM Required/Auth List
Nuclear Stress Test	78496	HEART FIRST PASS ADD-ON	UM Required/Auth List
Nuclear Stress Test	78499	CARDIOVASCULAR NUCLEAR EXAM	UM Required/Auth List
Nutritional/Diabetic Counselin	97802	MEDICAL NUTRITION INDIV IN	UM Required/Auth List
Nutritional/Diabetic Counselin	97803	MED NUTRITION INDIV SUBSEQ	UM Required/Auth List
Nutritional/Diabetic Counselin	97804	MEDICAL NUTRITION GROUP	UM Required/Auth List
Nutritional/Diabetic Counselin	S9470	NUTRITIONAL CNSL DIETITIAN VISIT	UM Required/Auth List
Outpatient Procedures/Surge	11400	EXC TR-EXT B9+MARG 0.5 CM<	UM Required/Auth List
Outpatient Procedures/Surge	11401	EXC TR-EXT B9+MARG 0.6-1 CM	UM Required/Auth List
Outpatient Procedures/Surge	11402	EXC TR-EXT B9+MARG 1.1-2 CM	UM Required/Auth List
Outpatient Procedures/Surge	11403	EXC TR-EXT B9+MARG 2.1-3CM	UM Required/Auth List
Outpatient Procedures/Surge	11404	EXC TR-EXT B9+MARG 3.1-4 CM	UM Required/Auth List
Outpatient Procedures/Surge	11406	EXC TR-EXT B9+MARG >4.0 CM	UM Required/Auth List
Outpatient Procedures/Surge	11420	EXC H-F-NK-SP B9+MARG 0.5/<	UM Required/Auth List
Outpatient Procedures/Surge	11421	EXC H-F-NK-SP B9+MARG 0.6-1	UM Required/Auth List
Outpatient Procedures/Surge	11422	EXC H-F-NK-SP B9+MARG 1.1-2	UM Required/Auth List
Outpatient Procedures/Surge	11423	EXC H-F-NK-SP B9+MARG 2.1-3	UM Required/Auth List
Outpatient Procedures/Surge	11424	EXC H-F-NK-SP B9+MARG 3.1-4	UM Required/Auth List
Outpatient Procedures/Surge	11426	EXC H-F-NK-SP B9+MARG >4 CM	UM Required/Auth List
Outpatient Procedures/Surge	11440	EXC FACE-MM B9+MARG 0.5 CM/<	UM Required/Auth List
Outpatient Procedures/Surge	11441	EXC FACE-MM B9+MARG 0.6-1 CM	UM Required/Auth List
Outpatient Procedures/Surge	11442	EXC FACE-MM B9+MARG 1.1-2 CM	UM Required/Auth List
Outpatient Procedures/Surge	11443	EXC FACE-MM B9+MARG 2.1-3 CM	UM Required/Auth List
Outpatient Procedures/Surge	11444	EXC FACE-MM B9+MARG 3.1-4 CM	UM Required/Auth List
Outpatient Procedures/Surge	11446	EXC FACE-MM B9+MARG >4 CM	UM Required/Auth List
Outpatient Procedures/Surge	11950	TX CONTOUR DEFECTS 1 CC/<	UM Required/Auth List
Outpatient Procedures/Surge	11951	TX CONTOUR DEFECTS 1.1-5.0CC	UM Required/Auth List
Outpatient Procedures/Surge	11952	TX CONTOUR DEFECTS 5.1-10CC	UM Required/Auth List
Outpatient Procedures/Surge	11954	TX CONTOUR DEFECTS >10.0 CC	UM Required/Auth List
Outpatient Procedures/Surge	15775	HAIR TRNSPL 1-15 PUNCH GRFTS	UM Required/Auth List
Outpatient Procedures/Surge	15776	HAIR TRNSPL >15 PUNCH GRAFTS	UM Required/Auth List
Outpatient Procedures/Surge	15777	ACELLULAR DERM MATRIX IMPLT	UM Required/Auth List
Outpatient Procedures/Surge	15780	DERMABRASION TOTAL FACE	UM Required/Auth List
Outpatient Procedures/Surge	15781	DERMABRASION SEGMENTAL FACE	UM Required/Auth List
Outpatient Procedures/Surge	15782	DERMABRASION OTHER THAN FACE	UM Required/Auth List
Outpatient Procedures/Surge	15783	DERMABRASION SUPRFL ANY SITE	UM Required/Auth List
Outpatient Procedures/Surge	15786	ABRASION LESION SINGLE	UM Required/Auth List
Outpatient Procedures/Surge	15787	ABRASION LESIONS ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	15788	CHEMICAL PEEL FACE EPIDERM	UM Required/Auth List
Outpatient Procedures/Surge	15789	CHEMICAL PEEL FACE DERMAL	UM Required/Auth List
Outpatient Procedures/Surge	15792	CHEMICAL PEEL NONFACIAL	UM Required/Auth List
Outpatient Procedures/Surge	15793	CHEMICAL PEEL NONFACIAL	UM Required/Auth List
Outpatient Procedures/Surge	15819	PLASTIC SURGERY NECK	UM Required/Auth List
Outpatient Procedures/Surge	15820	REVISION OF LOWER EYELID	UM Required/Auth List
Outpatient Procedures/Surge	15821	REVISION OF LOWER EYELID	UM Required/Auth List
Outpatient Procedures/Surge	15822	REVISION OF UPPER EYELID	UM Required/Auth List
Outpatient Procedures/Surge	15823	REVISION OF UPPER EYELID	UM Required/Auth List
Outpatient Procedures/Surge	15824	REMOVAL OF FOREHEAD WRINKLES	UM Required/Auth List
Outpatient Procedures/Surge	15825	REMOVAL OF NECK WRINKLES	UM Required/Auth List
Outpatient Procedures/Surge	15826	REMOVAL OF BROW WRINKLES	UM Required/Auth List
Outpatient Procedures/Surge	15828	REMOVAL OF FACE WRINKLES	UM Required/Auth List
Outpatient Procedures/Surge	15829	REMOVAL OF SKIN WRINKLES	UM Required/Auth List
Outpatient Procedures/Surge	15830	EXC SKIN ABD	UM Required/Auth List
Outpatient Procedures/Surge	15832	EXCISE EXCESSIVE SKIN THIGH	UM Required/Auth List
Outpatient Procedures/Surge	15833	EXCISE EXCESSIVE SKIN LEG	UM Required/Auth List
Outpatient Procedures/Surge	15834	EXCISE EXCESSIVE SKIN HIP	UM Required/Auth List
Outpatient Procedures/Surge	15835	EXCISE EXCESSIVE SKIN BUTTCK	UM Required/Auth List
Outpatient Procedures/Surge	15836	EXCISE EXCESSIVE SKIN ARM	UM Required/Auth List
Outpatient Procedures/Surge	15837	EXCISE EXCESS SKIN ARM/HAND	UM Required/Auth List
Outpatient Procedures/Surge	15838	EXCISE EXCESS SKIN FAT PAD	UM Required/Auth List
Outpatient Procedures/Surge	15839	EXCISE EXCESS SKIN & TISSUE	UM Required/Auth List
Outpatient Procedures/Surge	15847	EXC SKIN ABD ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	15876	SUCTION LIPECTOMY HEAD&NECK	UM Required/Auth List
Outpatient Procedures/Surge	15877	SUCTION LIPECTOMY TRUNK	UM Required/Auth List
Outpatient Procedures/Surge	15878	SUCTION LIPECTOMY UPR EXTREM	UM Required/Auth List
Outpatient Procedures/Surge	15879	SUCTION LIPECTOMY LWR EXTREM	UM Required/Auth List
Outpatient Procedures/Surge	17106	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Outpatient Procedures/Surge	17107	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Outpatient Procedures/Surge	17108	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List

Outpatient Procedures/Surge	17110	DESTRUCT B9 LESION 1-14	UM Required/Auth List
Outpatient Procedures/Surge	17111	DESTRUCT LESION 15 OR MORE	UM Required/Auth List
Outpatient Procedures/Surge	17340	CRYOTHERAPY OF SKIN	UM Required/Auth List
Outpatient Procedures/Surge	17360	SKIN PEEL THERAPY	UM Required/Auth List
Outpatient Procedures/Surge	17380	HAIR REMOVAL BY ELECTROLYSIS	UM Required/Auth List
Outpatient Procedures/Surge	19300	REMOVAL OF BREAST TISSUE	UM Required/Auth List
Outpatient Procedures/Surge	19301	PARTIAL MASTECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	19302	P-MASTECTOMY W/LN REMOVAL	UM Required/Auth List
Outpatient Procedures/Surge	19303	MAST SIMPLE COMPLETE	UM Required/Auth List
Outpatient Procedures/Surge	19304	MAST SUBQ	UM Required/Auth List
Outpatient Procedures/Surge	19305	MAST RADICAL	UM Required/Auth List
Outpatient Procedures/Surge	19306	MAST RAD URBAN TYPE	UM Required/Auth List
Outpatient Procedures/Surge	19307	MAST MOD RAD	UM Required/Auth List
Outpatient Procedures/Surge	19316	SUSPENSION OF BREAST	UM Required/Auth List
Outpatient Procedures/Surge	19318	REDUCTION OF LARGE BREAST	UM Required/Auth List
Outpatient Procedures/Surge	19324	ENLARGE BREAST	UM Required/Auth List
Outpatient Procedures/Surge	19325	ENLARGE BREAST WITH IMPLANT	UM Required/Auth List
Outpatient Procedures/Surge	19328	REMOVAL OF BREAST IMPLANT	UM Required/Auth List
Outpatient Procedures/Surge	19330	REMOVAL OF IMPLANT MATERIAL	UM Required/Auth List
Outpatient Procedures/Surge	19340	IMMEDIATE BREAST PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	19342	DELAYED BREAST PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	19350	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19355	CORRECT INVERTED NIPPLE(S)	UM Required/Auth List
Outpatient Procedures/Surge	19357	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19361	BREAST RECONSTR W/LAT FLAP	UM Required/Auth List
Outpatient Procedures/Surge	19364	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19366	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19367	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19368	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19369	BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19370	SURGERY OF BREAST CAPSULE	UM Required/Auth List
Outpatient Procedures/Surge	19371	REMOVAL OF BREAST CAPSULE	UM Required/Auth List
Outpatient Procedures/Surge	19380	REVISE BREAST RECONSTRUCTION	UM Required/Auth List
Outpatient Procedures/Surge	19396	DESIGN CUSTOM BREAST IMPLANT	UM Required/Auth List
Outpatient Procedures/Surge	20552	INJ TRIGGER POINT 1/2 MUSCL	UM Required/Auth List
Outpatient Procedures/Surge	20553	INJECT TRIGGER POINTS 3/>	UM Required/Auth List
Outpatient Procedures/Surge	21070	REMOVE CORONOID PROCESS	UM Required/Auth List
Outpatient Procedures/Surge	21073	MNPJ OF TMJ W/ANESTH	UM Required/Auth List
Outpatient Procedures/Surge	21076	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21077	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21079	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21080	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21081	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21082	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21083	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21084	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21085	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21086	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21087	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21088	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21089	PREPARE FACE/ORAL PROSTHESIS	UM Required/Auth List
Outpatient Procedures/Surge	21120	RECONSTRUCTION OF CHIN	UM Required/Auth List
Outpatient Procedures/Surge	21121	RECONSTRUCTION OF CHIN	UM Required/Auth List
Outpatient Procedures/Surge	21122	RECONSTRUCTION OF CHIN	UM Required/Auth List
Outpatient Procedures/Surge	21123	RECONSTRUCTION OF CHIN	UM Required/Auth List
Outpatient Procedures/Surge	21125	AUGMENTATION LOWER JAW BONE	UM Required/Auth List
Outpatient Procedures/Surge	21127	AUGMENTATION LOWER JAW BONE	UM Required/Auth List
Outpatient Procedures/Surge	21137	REDUCTION OF FOREHEAD	UM Required/Auth List
Outpatient Procedures/Surge	21138	REDUCTION OF FOREHEAD	UM Required/Auth List
Outpatient Procedures/Surge	21139	REDUCTION OF FOREHEAD	UM Required/Auth List
Outpatient Procedures/Surge	21141	LEFORT I-1 PIECE W/O GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21142	LEFORT I-2 PIECE W/O GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21143	LEFORT I-3/> PIECE W/O GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21146	LEFORT I-2 PIECE W/ GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21147	LEFORT I-3/> PIECE W/ GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21150	LEFORT II ANTERIOR INTRUSION	UM Required/Auth List
Outpatient Procedures/Surge	21151	LEFORT II W/BONE GRAFTS	UM Required/Auth List
Outpatient Procedures/Surge	21154	LEFORT III W/O LEFORT I	UM Required/Auth List
Outpatient Procedures/Surge	21159	LEFORT III W/FHDW/O LEFORT I	UM Required/Auth List
Outpatient Procedures/Surge	21160	LEFORT III W/FHD W/ LEFORT I	UM Required/Auth List
Outpatient Procedures/Surge	21181	CONTOUR CRANIAL BONE LESION	UM Required/Auth List
Outpatient Procedures/Surge	21182	RECONSTRUCT CRANIAL BONE	UM Required/Auth List
Outpatient Procedures/Surge	21183	RECONSTRUCT CRANIAL BONE	UM Required/Auth List
Outpatient Procedures/Surge	21184	RECONSTRUCT CRANIAL BONE	UM Required/Auth List
Outpatient Procedures/Surge	21188	RECONSTRUCTION OF MIDFACE	UM Required/Auth List

Outpatient Procedures/Surge	21193	RECONST LWR JAW W/O GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21194	RECONST LWR JAW W/GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21195	RECONST LWR JAW W/O FIXATION	UM Required/Auth List
Outpatient Procedures/Surge	21196	RECONST LWR JAW W/FIXATION	UM Required/Auth List
Outpatient Procedures/Surge	21198	RECONSTR LWR JAW SEGMENT	UM Required/Auth List
Outpatient Procedures/Surge	21199	RECONSTR LWR JAW W/ADVANCE	UM Required/Auth List
Outpatient Procedures/Surge	21206	RECONSTRUCT UPPER JAW BONE	UM Required/Auth List
Outpatient Procedures/Surge	21208	AUGMENTATION OF FACIAL BONES	UM Required/Auth List
Outpatient Procedures/Surge	21209	REDUCTION OF FACIAL BONES	UM Required/Auth List
Outpatient Procedures/Surge	21210	FACE BONE GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21215	LOWER JAW BONE GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	21240	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Outpatient Procedures/Surge	21242	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Outpatient Procedures/Surge	21244	RECONSTRUCTION OF LOWER JAW	UM Required/Auth List
Outpatient Procedures/Surge	21245	RECONSTRUCTION OF JAW	UM Required/Auth List
Outpatient Procedures/Surge	21246	RECONSTRUCTION OF JAW	UM Required/Auth List
Outpatient Procedures/Surge	21247	RECONSTRUCT LOWER JAW BONE	UM Required/Auth List
Outpatient Procedures/Surge	21255	RECONSTRUCT LOWER JAW BONE	UM Required/Auth List
Outpatient Procedures/Surge	21256	RECONSTRUCTION OF ORBIT	UM Required/Auth List
Outpatient Procedures/Surge	21260	REVISE EYE SOCKETS	UM Required/Auth List
Outpatient Procedures/Surge	21261	REVISE EYE SOCKETS	UM Required/Auth List
Outpatient Procedures/Surge	21263	REVISE EYE SOCKETS	UM Required/Auth List
Outpatient Procedures/Surge	21267	REVISE EYE SOCKETS	UM Required/Auth List
Outpatient Procedures/Surge	21268	REVISE EYE SOCKETS	UM Required/Auth List
Outpatient Procedures/Surge	21270	AUGMENTATION CHEEK BONE	UM Required/Auth List
Outpatient Procedures/Surge	21275	REVISION ORBITOFACIAL BONES	UM Required/Auth List
Outpatient Procedures/Surge	21280	REVISION OF EYELID	UM Required/Auth List
Outpatient Procedures/Surge	21282	REVISION OF EYELID	UM Required/Auth List
Outpatient Procedures/Surge	21295	REVISION OF JAW MUSCLE/BONE	UM Required/Auth List
Outpatient Procedures/Surge	21299	CRANIO/MAXILLOFACIAL SURGERY	UM Required/Auth List
Outpatient Procedures/Surge	22510	PERQ CERVICOTHORACIC INJECT	UM Required/Auth List
Outpatient Procedures/Surge	22511	PERQ LUMBOSACRAL INJECTION	UM Required/Auth List
Outpatient Procedures/Surge	22512	VERTEBROPLASTY ADDL INJECT	UM Required/Auth List
Outpatient Procedures/Surge	22513	PERQ VERTEBRAL AUGMENTATION	UM Required/Auth List
Outpatient Procedures/Surge	22514	PERQ VERTEBRAL AUGMENTATION	UM Required/Auth List
Outpatient Procedures/Surge	22515	PERQ VERTEBRAL AUGMENTATION	UM Required/Auth List
Outpatient Procedures/Surge	22526	IDET SINGLE LEVEL	UM Required/Auth List
Outpatient Procedures/Surge	22527	IDET 1 OR MORE LEVELS	UM Required/Auth List
Outpatient Procedures/Surge	22532	LAT THORAX SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22533	LAT LUMBAR SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22534	LAT THOR/LUMB ADDL SEG	UM Required/Auth List
Outpatient Procedures/Surge	22548	NECK SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22551	NECK SPINE FUSE&REMOV BEL C2	UM Required/Auth List
Outpatient Procedures/Surge	22552	ADDL NECK SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22554	NECK SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22556	THORAX SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22558	LUMBAR SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22585	ADDITIONAL SPINAL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22586	PRESCLR FUSE W/ INSTR L5-S1	UM Required/Auth List
Outpatient Procedures/Surge	22590	SPINE & SKULL SPINAL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22595	NECK SPINAL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22600	NECK SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22610	THORAX SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22612	LUMBAR SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22614	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Outpatient Procedures/Surge	22630	LUMBAR SPINE FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22632	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Outpatient Procedures/Surge	22633	LUMBAR SPINE FUSION COMBINED	UM Required/Auth List
Outpatient Procedures/Surge	22634	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Outpatient Procedures/Surge	22830	EXPLORATION OF SPINAL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	22840	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22841	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22842	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22843	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22844	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22845	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22846	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22847	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22848	INSERT PELV FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22849	REINSERT SPINAL FIXATION	UM Required/Auth List
Outpatient Procedures/Surge	22850	REMOVE SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22852	REMOVE SPINE FIXATION DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22853	INSJ BIOMECHANICAL DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22854	INSJ BIOMECHANICAL DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22855	REMOVE SPINE FIXATION DEVICE	UM Required/Auth List

Outpatient Procedures/Surge	22856	CERV ARTIFIC DISKECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	22857	LUMBAR ARTIF DISKECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	22858	SECOND LEVEL CER DISKECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	22859	INSJ BIOMECHANICAL DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	22861	REVISE CERV ARTIFIC DISC	UM Required/Auth List
Outpatient Procedures/Surge	22862	REVISE LUMBAR ARTIF DISC	UM Required/Auth List
Outpatient Procedures/Surge	22864	REMOVE CERV ARTIF DISC	UM Required/Auth List
Outpatient Procedures/Surge	22865	REMOVE LUMB ARTIF DISC	UM Required/Auth List
Outpatient Procedures/Surge	27412	AUTOCHONDROCYTE IMPLANT KNEE	UM Required/Auth List
Outpatient Procedures/Surge	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	UM Required/Auth List
Outpatient Procedures/Surge	27416	OSTEOCHONDRAL KNEE AUTOGRAFT	UM Required/Auth List
Outpatient Procedures/Surge	28446	OSTEOCHONDRAL TALUS AUTOGRFT	UM Required/Auth List
Outpatient Procedures/Surge	29866	AUTGRFT IMPLNT KNEE W/SCOPE	UM Required/Auth List
Outpatient Procedures/Surge	29867	ALLGRFT IMPLNT KNEE W/SCOPE	UM Required/Auth List
Outpatient Procedures/Surge	30520	REPAIR OF NASAL SEPTUM	UM Required/Auth List
Outpatient Procedures/Surge	31295	NSL/SINS NDSC SURG MAX SINS	UM Required/Auth List
Outpatient Procedures/Surge	31296	NSL/SINS NDSC SURG FRNT SINS	UM Required/Auth List
Outpatient Procedures/Surge	31297	NSL/SINS NDSC SURG SPHN SINS	UM Required/Auth List
Outpatient Procedures/Surge	32851	LUNG TRANSPLANT SINGLE	UM Required/Auth List
Outpatient Procedures/Surge	32852	LUNG TRANSPLANT WITH BYPASS	UM Required/Auth List
Outpatient Procedures/Surge	32853	LUNG TRANSPLANT DOUBLE	UM Required/Auth List
Outpatient Procedures/Surge	32854	LUNG TRANSPLANT WITH BYPASS	UM Required/Auth List
Outpatient Procedures/Surge	32855	PREPARE DONOR LUNG SINGLE	UM Required/Auth List
Outpatient Procedures/Surge	32856	PREPARE DONOR LUNG DOUBLE	UM Required/Auth List
Outpatient Procedures/Surge	33206	INSERT HEART PM ATRIAL	UM Required/Auth List
Outpatient Procedures/Surge	33207	INSERT HEART PM VENTRICULAR	UM Required/Auth List
Outpatient Procedures/Surge	33208	INSRT HEART PM ATRIAL & VENT	UM Required/Auth List
Outpatient Procedures/Surge	33210	INSERT ELECTRD/PM CATH SNGL	UM Required/Auth List
Outpatient Procedures/Surge	33211	INSERT CARD ELECTRODES DUAL	UM Required/Auth List
Outpatient Procedures/Surge	33212	INSERT PULSE GEN SNGL LEAD	UM Required/Auth List
Outpatient Procedures/Surge	33213	INSERT PULSE GEN DUAL LEADS	UM Required/Auth List
Outpatient Procedures/Surge	33214	UPGRADE OF PACEMAKER SYSTEM	UM Required/Auth List
Outpatient Procedures/Surge	33215	REPOSITION PACING-DEFIB LEAD	UM Required/Auth List
Outpatient Procedures/Surge	33216	INSERT 1 ELECTRODE PM-DEFIB	UM Required/Auth List
Outpatient Procedures/Surge	33217	INSERT 2 ELECTRODE PM-DEFIB	UM Required/Auth List
Outpatient Procedures/Surge	33218	REPAIR LEAD PACE-DEFIB ONE	UM Required/Auth List
Outpatient Procedures/Surge	33220	REPAIR LEAD PACE-DEFIB DUAL	UM Required/Auth List
Outpatient Procedures/Surge	33221	INSERT PULSE GEN MULT LEADS	UM Required/Auth List
Outpatient Procedures/Surge	33222	RELOCATION POCKET PACEMAKER	UM Required/Auth List
Outpatient Procedures/Surge	33223	RELOCATE POCKET FOR DEFIB	UM Required/Auth List
Outpatient Procedures/Surge	33224	INSERT PACING LEAD & CONNECT	UM Required/Auth List
Outpatient Procedures/Surge	33225	L VENTRIC PACING LEAD ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	33226	REPOSITION L VENTRIC LEAD	UM Required/Auth List
Outpatient Procedures/Surge	33227	REMOVE&REPLACE PM GEN SNGL	UM Required/Auth List
Outpatient Procedures/Surge	33228	REMV&REPLC PM GEN DUAL LEAD	UM Required/Auth List
Outpatient Procedures/Surge	33229	REMV&REPLC PM GEN MULT LEADS	UM Required/Auth List
Outpatient Procedures/Surge	33230	INSRT PULSE GEN W/DUAL LEADS	UM Required/Auth List
Outpatient Procedures/Surge	33231	INSRT PULSE GEN W/MULT LEADS	UM Required/Auth List
Outpatient Procedures/Surge	33233	REMOVAL OF PM GENERATOR	UM Required/Auth List
Outpatient Procedures/Surge	33234	REMOVAL OF PACEMAKER SYSTEM	UM Required/Auth List
Outpatient Procedures/Surge	33235	REMOVAL PACEMAKER ELECTRODE	UM Required/Auth List
Outpatient Procedures/Surge	33236	REMOVE ELECTRODE/THORACOTOMY	UM Required/Auth List
Outpatient Procedures/Surge	33237	REMOVE ELECTRODE/THORACOTOMY	UM Required/Auth List
Outpatient Procedures/Surge	33238	REMOVE ELECTRODE/THORACOTOMY	UM Required/Auth List
Outpatient Procedures/Surge	33240	INSRT PULSE GEN W/SINGL LEAD	UM Required/Auth List
Outpatient Procedures/Surge	33241	REMOVE PULSE GENERATOR	UM Required/Auth List
Outpatient Procedures/Surge	33243	REMOVE ELTRD/THORACOTOMY	UM Required/Auth List
Outpatient Procedures/Surge	33244	REMOVE ELCTR TRANSVENOUSLY	UM Required/Auth List
Outpatient Procedures/Surge	33249	INSJ/RPLCMT DEFIB W/LEAD(S)	UM Required/Auth List
Outpatient Procedures/Surge	33930	REMOVAL OF DONOR HEART/LUNG	UM Required/Auth List
Outpatient Procedures/Surge	33933	PREPARE DONOR HEART/LUNG	UM Required/Auth List
Outpatient Procedures/Surge	33935	TRANSPLANTATION HEART/LUNG	UM Required/Auth List
Outpatient Procedures/Surge	33940	REMOVAL OF DONOR HEART	UM Required/Auth List
Outpatient Procedures/Surge	33944	PREPARE DONOR HEART	UM Required/Auth List
Outpatient Procedures/Surge	33945	TRANSPLANTATION OF HEART	UM Required/Auth List
Outpatient Procedures/Surge	36468	NJX SCLRSNT SPIDER VEINS	UM Required/Auth List
Outpatient Procedures/Surge	36470	NJX SCLRSNT 1 INCMPTNT VEIN	UM Required/Auth List
Outpatient Procedures/Surge	36471	NJX SCLRSNT MLT INCMPTNT VN	UM Required/Auth List
Outpatient Procedures/Surge	36473	ENDOVENOUS MCHNCHEM 1ST VEIN	UM Required/Auth List
Outpatient Procedures/Surge	36474	ENDOVENOUS MCHNCHEM ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	36475	ENDOVENOUS RF 1ST VEIN	UM Required/Auth List
Outpatient Procedures/Surge	36476	ENDOVENOUS RF VEIN ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	36478	ENDOVENOUS LASER 1ST VEIN	UM Required/Auth List
Outpatient Procedures/Surge	36479	ENDOVENOUS LASER VEIN ADDON	UM Required/Auth List
Outpatient Procedures/Surge	37765	STAB PHLEB VEINS XTR 10-20	UM Required/Auth List

Outpatient Procedures/Surge	37766	PHLEB VEINS - EXTREM 20+	UM Required/Auth List
Outpatient Procedures/Surge	37785	LIGATE/DIVIDE/EXCISE VEIN	UM Required/Auth List
Outpatient Procedures/Surge	37788	REVASCULARIZATION PENIS	UM Required/Auth List
Outpatient Procedures/Surge	38240	TRANSPLT ALLO HCT/DONOR	UM Required/Auth List
Outpatient Procedures/Surge	38241	TRANSPLT AUTOL HCT/DONOR	UM Required/Auth List
Outpatient Procedures/Surge	38242	TRANSPLT ALLO LYMPHOCYTES	UM Required/Auth List
Outpatient Procedures/Surge	38243	TRANSPLJ HEMATOPOIETIC BOOST	UM Required/Auth List
Outpatient Procedures/Surge	40525	RECONSTRUCT LIP WITH FLAP	UM Required/Auth List
Outpatient Procedures/Surge	40527	RECONSTRUCT LIP WITH FLAP	UM Required/Auth List
Outpatient Procedures/Surge	40700	REPAIR CLEFT LIP/NASAL	UM Required/Auth List
Outpatient Procedures/Surge	40701	REPAIR CLEFT LIP/NASAL	UM Required/Auth List
Outpatient Procedures/Surge	40702	REPAIR CLEFT LIP/NASAL	UM Required/Auth List
Outpatient Procedures/Surge	40720	REPAIR CLEFT LIP/NASAL	UM Required/Auth List
Outpatient Procedures/Surge	40761	REPAIR CLEFT LIP/NASAL	UM Required/Auth List
Outpatient Procedures/Surge	42145	REPAIR PALATE PHARYNX/UVULA	UM Required/Auth List
Outpatient Procedures/Surge	42200	RECONSTRUCT CLEFT PALATE	UM Required/Auth List
Outpatient Procedures/Surge	42205	RECONSTRUCT CLEFT PALATE	UM Required/Auth List
Outpatient Procedures/Surge	42210	RECONSTRUCT CLEFT PALATE	UM Required/Auth List
Outpatient Procedures/Surge	42215	RECONSTRUCT CLEFT PALATE	UM Required/Auth List
Outpatient Procedures/Surge	42220	RECONSTRUCT CLEFT PALATE	UM Required/Auth List
Outpatient Procedures/Surge	42225	RECONSTRUCT CLEFT PALATE	UM Required/Auth List
Outpatient Procedures/Surge	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	UM Required/Auth List
Outpatient Procedures/Surge	43645	LAP GASTR BYPASS INCL SMALL I	UM Required/Auth List
Outpatient Procedures/Surge	43647	LAP IMPL ELECTRODE ANTRUM	UM Required/Auth List
Outpatient Procedures/Surge	43648	LAP REVISE/REMV ELTRD ANTRUM	UM Required/Auth List
Outpatient Procedures/Surge	43651	LAPAROSCOPY VAGUS NERVE	UM Required/Auth List
Outpatient Procedures/Surge	43652	LAPAROSCOPY VAGUS NERVE	UM Required/Auth List
Outpatient Procedures/Surge	43653	LAPAROSCOPY GASTROSTOMY	UM Required/Auth List
Outpatient Procedures/Surge	43770	LAP PLACE GASTR ADJ DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	43771	LAP REVISE GASTR ADJ DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	43772	LAP RMVL GASTR ADJ DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	43773	LAP REPLACE GASTR ADJ DEVICE	UM Required/Auth List
Outpatient Procedures/Surge	43774	LAP RMVL GASTR ADJ ALL PARTS	UM Required/Auth List
Outpatient Procedures/Surge	43775	LAP SLEEVE GASTRECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	43800	RECONSTRUCTION OF PYLORUS	UM Required/Auth List
Outpatient Procedures/Surge	43810	FUSION OF STOMACH AND BOWEL	UM Required/Auth List
Outpatient Procedures/Surge	43820	FUSION OF STOMACH AND BOWEL	UM Required/Auth List
Outpatient Procedures/Surge	43825	FUSION OF STOMACH AND BOWEL	UM Required/Auth List
Outpatient Procedures/Surge	43840	REPAIR OF STOMACH LESION	UM Required/Auth List
Outpatient Procedures/Surge	43842	V-BAND GASTROPLASTY	UM Required/Auth List
Outpatient Procedures/Surge	43843	GASTROPLASTY W/O V-BAND	UM Required/Auth List
Outpatient Procedures/Surge	43845	GASTROPLASTY DUODENAL SWITCH	UM Required/Auth List
Outpatient Procedures/Surge	43846	GASTRIC BYPASS FOR OBESITY	UM Required/Auth List
Outpatient Procedures/Surge	43847	GASTRIC BYPASS INCL SMALL I	UM Required/Auth List
Outpatient Procedures/Surge	43848	REVISION GASTROPLASTY	UM Required/Auth List
Outpatient Procedures/Surge	43850	REVISE STOMACH-BOWEL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	43855	REVISE STOMACH-BOWEL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	43860	REVISE STOMACH-BOWEL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	43865	REVISE STOMACH-BOWEL FUSION	UM Required/Auth List
Outpatient Procedures/Surge	43870	REPAIR STOMACH OPENING	UM Required/Auth List
Outpatient Procedures/Surge	43880	REPAIR STOMACH-BOWEL FISTULA	UM Required/Auth List
Outpatient Procedures/Surge	43881	IMPL/REDO ELECTRD ANTRUM	UM Required/Auth List
Outpatient Procedures/Surge	43882	REVISE/REMOVE ELECTRD ANTRUM	UM Required/Auth List
Outpatient Procedures/Surge	43886	REVISE GASTRIC PORT OPEN	UM Required/Auth List
Outpatient Procedures/Surge	43887	REMOVE GASTRIC PORT OPEN	UM Required/Auth List
Outpatient Procedures/Surge	43888	CHANGE GASTRIC PORT OPEN	UM Required/Auth List
Outpatient Procedures/Surge	44135	INTESTINE TRANSPLNT CADAVER	UM Required/Auth List
Outpatient Procedures/Surge	44136	INTESTINE TRANSPLANT LIVE	UM Required/Auth List
Outpatient Procedures/Surge	44715	PREPARE DONOR INTESTINE	UM Required/Auth List
Outpatient Procedures/Surge	44720	PREP DONOR INTESTINE/VENOUS	UM Required/Auth List
Outpatient Procedures/Surge	44721	PREP DONOR INTESTINE/ARTERY	UM Required/Auth List
Outpatient Procedures/Surge	47133	REMOVAL OF DONOR LIVER	UM Required/Auth List
Outpatient Procedures/Surge	47135	TRANSPLANTATION OF LIVER	UM Required/Auth List
Outpatient Procedures/Surge	47136	TRANSPLANTATION OF LIVER	UM Required/Auth List
Outpatient Procedures/Surge	47140	PARTIAL REMOVAL DONOR LIVER	UM Required/Auth List
Outpatient Procedures/Surge	47141	PARTIAL REMOVAL DONOR LIVER	UM Required/Auth List
Outpatient Procedures/Surge	47142	PARTIAL REMOVAL DONOR LIVER	UM Required/Auth List
Outpatient Procedures/Surge	47143	PREP DONOR LIVER WHOLE	UM Required/Auth List
Outpatient Procedures/Surge	47144	PREP DONOR LIVER 3-SEGMENT	UM Required/Auth List
Outpatient Procedures/Surge	47145	PREP DONOR LIVER LOBE SPLIT	UM Required/Auth List
Outpatient Procedures/Surge	47146	PREP DONOR LIVER/VENOUS	UM Required/Auth List
Outpatient Procedures/Surge	47147	PREP DONOR LIVER/ARTERIAL	UM Required/Auth List
Outpatient Procedures/Surge	48160	PANCREAS REMOVAL/TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	48550	DONOR PANCREATECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	48551	PREP DONOR PANCREAS	UM Required/Auth List

Outpatient Procedures/Surge	48552	PREP DONOR PANCREAS/VENOUS	UM Required/Auth List
Outpatient Procedures/Surge	48554	TRANSPL ALLOGRAFT PANCREAS	UM Required/Auth List
Outpatient Procedures/Surge	48556	REMOVAL ALLOGRAFT PANCREAS	UM Required/Auth List
Outpatient Procedures/Surge	50323	PREP CADAVER RENAL ALLOGRAFT	UM Required/Auth List
Outpatient Procedures/Surge	50325	PREP DONOR RENAL GRAFT	UM Required/Auth List
Outpatient Procedures/Surge	50327	PREP RENAL GRAFT/VENOUS	UM Required/Auth List
Outpatient Procedures/Surge	50328	PREP RENAL GRAFT/ARTERIAL	UM Required/Auth List
Outpatient Procedures/Surge	50329	PREP RENAL GRAFT/URETERAL	UM Required/Auth List
Outpatient Procedures/Surge	50340	REMOVAL OF KIDNEY	UM Required/Auth List
Outpatient Procedures/Surge	50360	TRANSPLANTATION OF KIDNEY	UM Required/Auth List
Outpatient Procedures/Surge	50365	TRANSPLANTATION OF KIDNEY	UM Required/Auth List
Outpatient Procedures/Surge	50370	REMOVE TRANSPLANTED KIDNEY	UM Required/Auth List
Outpatient Procedures/Surge	50380	REIMPLANTATION OF KIDNEY	UM Required/Auth List
Outpatient Procedures/Surge	53410	RECONSTRUCTION OF URETHRA	UM Required/Auth List
Outpatient Procedures/Surge	53415	RECONSTRUCTION OF URETHRA	UM Required/Auth List
Outpatient Procedures/Surge	53420	RECONSTRUCT URETHRA STAGE 1	UM Required/Auth List
Outpatient Procedures/Surge	53425	RECONSTRUCT URETHRA STAGE 2	UM Required/Auth List
Outpatient Procedures/Surge	53430	RECONSTRUCTION OF URETHRA	UM Required/Auth List
Outpatient Procedures/Surge	53431	RECONSTRUCT URETHRA/BLADDER	UM Required/Auth List
Outpatient Procedures/Surge	58150	TOTAL HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58152	TOTAL HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58180	PARTIAL HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58200	EXTENSIVE HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58210	EXTENSIVE HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58240	REMOVAL OF PELVIS CONTENTS	UM Required/Auth List
Outpatient Procedures/Surge	58260	VAGINAL HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58262	VAG HYST INCLUDING T/O	UM Required/Auth List
Outpatient Procedures/Surge	58263	VAG HYST W/T/O & VAG REPAIR	UM Required/Auth List
Outpatient Procedures/Surge	58267	VAG HYST W/URINARY REPAIR	UM Required/Auth List
Outpatient Procedures/Surge	58270	VAG HYST W/ENTEROCELE REPAIR	UM Required/Auth List
Outpatient Procedures/Surge	58275	HYSTERECTOMY/REVISE VAGINA	UM Required/Auth List
Outpatient Procedures/Surge	58280	HYSTERECTOMY/REVISE VAGINA	UM Required/Auth List
Outpatient Procedures/Surge	58285	EXTENSIVE HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58290	VAG HYST COMPLEX	UM Required/Auth List
Outpatient Procedures/Surge	58291	VAG HYST INCL T/O COMPLEX	UM Required/Auth List
Outpatient Procedures/Surge	58292	VAG HYST T/O & REPAIR COMPL	UM Required/Auth List
Outpatient Procedures/Surge	58293	VAG HYST W/URO REPAIR COMPL	UM Required/Auth List
Outpatient Procedures/Surge	58294	VAG HYST W/ENTEROCELE COMPL	UM Required/Auth List
Outpatient Procedures/Surge	58541	LSH UTERUS 250 G OR LESS	UM Required/Auth List
Outpatient Procedures/Surge	58542	LSH W/T/O UT 250 G OR LESS	UM Required/Auth List
Outpatient Procedures/Surge	58543	LSH UTERUS ABOVE 250 G	UM Required/Auth List
Outpatient Procedures/Surge	58544	LSH W/T/O UTERUS ABOVE 250 G	UM Required/Auth List
Outpatient Procedures/Surge	58545	LAPAROSCOPIC MYOMECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58546	LAPARO-MYOMECTOMY COMPLEX	UM Required/Auth List
Outpatient Procedures/Surge	58548	LAP RADICAL HYST	UM Required/Auth List
Outpatient Procedures/Surge	58550	LAPARO-ASST VAG HYSTERECTOMY	UM Required/Auth List
Outpatient Procedures/Surge	58552	LAPARO-VAG HYST INCL T/O	UM Required/Auth List
Outpatient Procedures/Surge	58553	LAPARO-VAG HYST COMPLEX	UM Required/Auth List
Outpatient Procedures/Surge	58554	LAPARO-VAG HYST W/T/O COMPL	UM Required/Auth List
Outpatient Procedures/Surge	58570	TLH UTERUS 250 G OR LESS	UM Required/Auth List
Outpatient Procedures/Surge	58571	TLH W/T/O 250 G OR LESS	UM Required/Auth List
Outpatient Procedures/Surge	58572	TLH UTERUS OVER 250 G	UM Required/Auth List
Outpatient Procedures/Surge	58573	TLH W/T/O UTERUS OVER 250 G	UM Required/Auth List
Outpatient Procedures/Surge	58575	LAPS TOT HYST RESJ MAL	UM Required/Auth List
Outpatient Procedures/Surge	59840	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59841	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59850	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59851	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59852	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59855	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59856	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59857	ABORTION	UM Required/Auth List
Outpatient Procedures/Surge	59866	ABORTION (MPR)	UM Required/Auth List
Outpatient Procedures/Surge	62320	NJX INTERLAMINAR CRV/THRC	UM Required/Auth List
Outpatient Procedures/Surge	62321	NJX INTERLAMINAR CRV/THRC	UM Required/Auth List
Outpatient Procedures/Surge	62322	NJX INTERLAMINAR LMBR/SAC	UM Required/Auth List
Outpatient Procedures/Surge	62323	NJX INTERLAMINAR LMBR/SAC	UM Required/Auth List
Outpatient Procedures/Surge	62324	NJX INTERLAMINAR CRV/THRC	UM Required/Auth List
Outpatient Procedures/Surge	62325	NJX INTERLAMINAR CRV/THRC	UM Required/Auth List
Outpatient Procedures/Surge	62326	NJX INTERLAMINAR LMBR/SAC	UM Required/Auth List
Outpatient Procedures/Surge	62327	NJX INTERLAMINAR LMBR/SAC	UM Required/Auth List
Outpatient Procedures/Surge	63001	REMOVE SPINE LAMINA 1/2 CRVL	UM Required/Auth List
Outpatient Procedures/Surge	63003	REMOVE SPINE LAMINA 1/2 THRC	UM Required/Auth List
Outpatient Procedures/Surge	63005	REMOVE SPINE LAMINA 1/2 LMBR	UM Required/Auth List
Outpatient Procedures/Surge	63011	REMOVE SPINE LAMINA 1/2 SCRL	UM Required/Auth List

Outpatient Procedures/Surge	63012	REMOVE LAMINA/FACETS LUMBAR	UM Required/Auth List
Outpatient Procedures/Surge	63015	REMOVE SPINE LAMINA >2 CRVCL	UM Required/Auth List
Outpatient Procedures/Surge	63016	REMOVE SPINE LAMINA >2 THRC	UM Required/Auth List
Outpatient Procedures/Surge	63017	REMOVE SPINE LAMINA >2 LMBR	UM Required/Auth List
Outpatient Procedures/Surge	63020	NECK SPINE DISK SURGERY	UM Required/Auth List
Outpatient Procedures/Surge	63030	LOW BACK DISK SURGERY	UM Required/Auth List
Outpatient Procedures/Surge	63035	SPINAL DISK SURGERY ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63040	LAMINOTOMY SINGLE CERVICAL	UM Required/Auth List
Outpatient Procedures/Surge	63042	LAMINOTOMY SINGLE LUMBAR	UM Required/Auth List
Outpatient Procedures/Surge	63043	LAMINOTOMY ADDL CERVICAL	UM Required/Auth List
Outpatient Procedures/Surge	63044	LAMINOTOMY ADDL LUMBAR	UM Required/Auth List
Outpatient Procedures/Surge	63045	REMOVE SPINE LAMINA 1 CRVL	UM Required/Auth List
Outpatient Procedures/Surge	63046	REMOVE SPINE LAMINA 1 THRC	UM Required/Auth List
Outpatient Procedures/Surge	63047	REMOVE SPINE LAMINA 1 LMBR	UM Required/Auth List
Outpatient Procedures/Surge	63048	REMOVE SPINAL LAMINA ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63050	CERVICAL LAMINOPLSTY 2/> SEG	UM Required/Auth List
Outpatient Procedures/Surge	63051	C-LAMINOPLASTY W/GRAFT/PLATE	UM Required/Auth List
Outpatient Procedures/Surge	63055	DECOMPRESS SPINAL CORD THRC	UM Required/Auth List
Outpatient Procedures/Surge	63056	DECOMPRESS SPINAL CORD LMBR	UM Required/Auth List
Outpatient Procedures/Surge	63057	DECOMPRESS SPINE CORD ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63064	DECOMPRESS SPINAL CORD THRC	UM Required/Auth List
Outpatient Procedures/Surge	63066	DECOMPRESS SPINE CORD ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63075	NECK SPINE DISK SURGERY	UM Required/Auth List
Outpatient Procedures/Surge	63076	NECK SPINE DISK SURGERY	UM Required/Auth List
Outpatient Procedures/Surge	63077	SPINE DISK SURGERY THORAX	UM Required/Auth List
Outpatient Procedures/Surge	63078	SPINE DISK SURGERY THORAX	UM Required/Auth List
Outpatient Procedures/Surge	63081	REMOVE VERT BODY DCMPRN CRVL	UM Required/Auth List
Outpatient Procedures/Surge	63082	REMOVE VERTEBRAL BODY ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63085	REMOVE VERT BODY DCMPRN THRC	UM Required/Auth List
Outpatient Procedures/Surge	63086	REMOVE VERTEBRAL BODY ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63087	REMOV VERTBR DCMPRN THRC/LMBR	UM Required/Auth List
Outpatient Procedures/Surge	63088	REMOVE VERTEBRAL BODY ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	63090	REMOVE VERT BODY DCMPRN LMBR	UM Required/Auth List
Outpatient Procedures/Surge	63091	REMOVE VERTEBRAL BODY ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	64455	N BLOCK INJ PLANTAR DIGIT	UM Required/Auth List
Outpatient Procedures/Surge	64480	INJ FORAMEN EPIDURAL ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	64483	INJ FORAMEN EPIDURAL L/S	UM Required/Auth List
Outpatient Procedures/Surge	64484	INJ FORAMEN EPIDURAL ADD-ON	UM Required/Auth List
Outpatient Procedures/Surge	64490	INJ PARAVERT F JNT C/T 1 LEV	UM Required/Auth List
Outpatient Procedures/Surge	64491	INJ PARAVERT F JNT C/T 2 LEV	UM Required/Auth List
Outpatient Procedures/Surge	64492	INJ PARAVERT F JNT C/T 3 LEV	UM Required/Auth List
Outpatient Procedures/Surge	64493	INJ PARAVERT F JNT L/S 1 LEV	UM Required/Auth List
Outpatient Procedures/Surge	64494	INJ PARAVERT F JNT L/S 2 LEV	UM Required/Auth List
Outpatient Procedures/Surge	64495	INJ PARAVERT F JNT L/S 3 LEV	UM Required/Auth List
Outpatient Procedures/Surge	64520	N BLOCK LUMBAR/THORACIC	UM Required/Auth List
Outpatient Procedures/Surge	64530	N BLOCK INJ CELIAC PELUS	UM Required/Auth List
Outpatient Procedures/Surge	64633	DESTROY CERV/THOR FACET JNT	UM Required/Auth List
Outpatient Procedures/Surge	64634	DESTROY C/TH FACET JNT ADDL	UM Required/Auth List
Outpatient Procedures/Surge	64635	DESTROY LUMB/SAC FACET JNT	UM Required/Auth List
Outpatient Procedures/Surge	64636	DESTROY L/S FACET JNT ADDL	UM Required/Auth List
Outpatient Procedures/Surge	64640	INJECTION TREATMENT OF NERVE	UM Required/Auth List
Outpatient Procedures/Surge	65710	CORNEAL TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65730	CORNEAL TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65750	CORNEAL TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65755	CORNEAL TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65756	CORNEAL TRNSPL ENDOTHELIAL	UM Required/Auth List
Outpatient Procedures/Surge	65757	PREP CORNEAL ENDO ALLOGRAFT	UM Required/Auth List
Outpatient Procedures/Surge	65767	CORNEAL TISSUE TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65780	OCULAR RECONST TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65781	OCULAR RECONST TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65782	OCULAR RECONST TRANSPLANT	UM Required/Auth List
Outpatient Procedures/Surge	65785	IMPLTJ NTRSTRML CRNL RNG SEG	UM Required/Auth List
Outpatient Procedures/Surge	68371	HARVEST EYE TISSUE ALOGRAFT	UM Required/Auth List
Outpatient Procedures/Surge	S2053	TPLNT SM INTESTINE&LIVER ALLOGFTS	UM Required/Auth List
Outpatient Procedures/Surge	S2054	TRANSPLANTATION MULTIVISCERAL ORGN	UM Required/Auth List
Outpatient Procedures/Surge	S2060	LOBAR LUNG TRANSPLANTATION	UM Required/Auth List
Outpatient Procedures/Surge	S2065	SIMULTANEOUS PANC KIDNEY TPLNT	UM Required/Auth List
Outpatient Procedures/Surge	S2142	CORD BLOOD STEM-CELL TPLNT ALLOGEN	UM Required/Auth List
PET Scans	78459	MYOCDR IMG PET SINGLE STUDY	UM Required/Auth List
PET Scans	78491	MYOCDR IMG PET 1STD RST/STRS	UM Required/Auth List
PET Scans	78492	MYOCDR IMG PET MLT RST&STRS	UM Required/Auth List
PET Scans	78608	BRAIN IMAGING (PET)	UM Required/Auth List
PET Scans	78609	BRAIN IMAGING (PET)	UM Required/Auth List
PET Scans	78811	PET IMAGE LTD AREA	UM Required/Auth List
PET Scans	78812	PET IMAGE SKULL-THIGH	UM Required/Auth List

PET Scans	78813	PET IMAGE FULL BODY	UM Required/Auth List
PET Scans	78814	PET IMAGE W/CT LMTD	UM Required/Auth List
PET Scans	78815	PET IMAGE W/CT SKULL-THIGH	UM Required/Auth List
PET Scans	78816	PET IMAGE W/CT FULL BODY	UM Required/Auth List
Proton Beam Radiation Thera	77520	PROTON TRMT SIMPLE W/O COMP	UM Required/Auth List
Proton Beam Radiation Thera	77522	PROTON TRMT SIMPLE W/COMP	UM Required/Auth List
Proton Beam Radiation Thera	77523	PROTON TRMT INTERMEDIATE	UM Required/Auth List
Proton Beam Radiation Thera	77525	PROTON TREATMENT COMPLEX	UM Required/Auth List
Radiology/Imaging Services	77061	BREAST TOMOSYNTHESIS UNI	UM Required/Auth List
Radiology/Imaging Services	77062	BREAST TOMOSYNTHESIS BI	UM Required/Auth List
Radiology/Imaging Services	77063	BREAST TOMOSYNTHESIS BI	UM Required/Auth List
Reconstructive/Plastic Surger	11920	CORRECT SKIN COLOR 6.0 CM/<	UM Required/Auth List
Reconstructive/Plastic Surger	11921	CORRECT SKN COLOR 6.1-20.0CM	UM Required/Auth List
Reconstructive/Plastic Surger	11922	CORRECT SKIN COLOR EA 20.0CM	UM Required/Auth List
Reconstructive/Plastic Surger	11950	TX CONTOUR DEFECTS 1 CC/<	UM Required/Auth List
Reconstructive/Plastic Surger	11950	TX CONTOUR DEFECTS 1 CC/<	UM Required/Auth List
Reconstructive/Plastic Surger	11950	TX CONTOUR DEFECTS 1 CC/<	UM Required/Auth List
Reconstructive/Plastic Surger	11951	TX CONTOUR DEFECTS 1.1-5.0CC	UM Required/Auth List
Reconstructive/Plastic Surger	11951	TX CONTOUR DEFECTS 1.1-5.0CC	UM Required/Auth List
Reconstructive/Plastic Surger	11951	TX CONTOUR DEFECTS 1.1-5.0CC	UM Required/Auth List
Reconstructive/Plastic Surger	11952	TX CONTOUR DEFECTS 5.1-10CC	UM Required/Auth List
Reconstructive/Plastic Surger	11952	TX CONTOUR DEFECTS 5.1-10CC	UM Required/Auth List
Reconstructive/Plastic Surger	11952	TX CONTOUR DEFECTS 5.1-10CC	UM Required/Auth List
Reconstructive/Plastic Surger	11954	TX CONTOUR DEFECTS >10.0 CC	UM Required/Auth List
Reconstructive/Plastic Surger	11954	TX CONTOUR DEFECTS >10.0 CC	UM Required/Auth List
Reconstructive/Plastic Surger	11954	TX CONTOUR DEFECTS >10.0 CC	UM Required/Auth List
Reconstructive/Plastic Surger	11960	INSERT TISSUE EXPANDER(S)	UM Required/Auth List
Reconstructive/Plastic Surger	11970	REPLACE TISSUE EXPANDER	UM Required/Auth List
Reconstructive/Plastic Surger	11971	REMOVE TISSUE EXPANDER(S)	UM Required/Auth List
Reconstructive/Plastic Surger	11976	REMOVE CONTRACEPTIVE CAPSULE	UM Required/Auth List
Reconstructive/Plastic Surger	15780	DERMABRASION TOTAL FACE	UM Required/Auth List
Reconstructive/Plastic Surger	15781	DERMABRASION SEGMENTAL FACE	UM Required/Auth List
Reconstructive/Plastic Surger	15782	DERMABRASION OTHER THAN FACE	UM Required/Auth List
Reconstructive/Plastic Surger	15783	DERMABRASION SUPRFL ANY SITE	UM Required/Auth List
Reconstructive/Plastic Surger	15786	ABRASION LESION SINGLE	UM Required/Auth List
Reconstructive/Plastic Surger	15787	ABRASION LESIONS ADD-ON	UM Required/Auth List
Reconstructive/Plastic Surger	15788	CHEMICAL PEEL FACE EPIDERM	UM Required/Auth List
Reconstructive/Plastic Surger	15789	CHEMICAL PEEL FACE DERMAL	UM Required/Auth List
Reconstructive/Plastic Surger	15792	CHEMICAL PEEL NONFACIAL	UM Required/Auth List
Reconstructive/Plastic Surger	15793	CHEMICAL PEEL NONFACIAL	UM Required/Auth List
Reconstructive/Plastic Surger	15820	REVISION OF LOWER EYELID	UM Required/Auth List
Reconstructive/Plastic Surger	15821	REVISION OF LOWER EYELID	UM Required/Auth List
Reconstructive/Plastic Surger	15822	REVISION OF UPPER EYELID	UM Required/Auth List
Reconstructive/Plastic Surger	15823	REVISION OF UPPER EYELID	UM Required/Auth List
Reconstructive/Plastic Surger	15824	REMOVAL OF FOREHEAD WRINKLES	UM Required/Auth List
Reconstructive/Plastic Surger	15825	REMOVAL OF NECK WRINKLES	UM Required/Auth List
Reconstructive/Plastic Surger	15826	REMOVAL OF BROW WRINKLES	UM Required/Auth List
Reconstructive/Plastic Surger	15828	REMOVAL OF FACE WRINKLES	UM Required/Auth List
Reconstructive/Plastic Surger	15829	REMOVAL OF SKIN WRINKLES	UM Required/Auth List
Reconstructive/Plastic Surger	15830	EXC SKIN ABD	UM Required/Auth List
Reconstructive/Plastic Surger	15832	EXCISE EXCESSIVE SKIN THIGH	UM Required/Auth List
Reconstructive/Plastic Surger	15833	EXCISE EXCESSIVE SKIN LEG	UM Required/Auth List
Reconstructive/Plastic Surger	15834	EXCISE EXCESSIVE SKIN HIP	UM Required/Auth List
Reconstructive/Plastic Surger	15835	EXCISE EXCESSIVE SKIN BUTTCK	UM Required/Auth List
Reconstructive/Plastic Surger	15836	EXCISE EXCESSIVE SKIN ARM	UM Required/Auth List
Reconstructive/Plastic Surger	15837	EXCISE EXCESS SKIN ARM/HAND	UM Required/Auth List
Reconstructive/Plastic Surger	15838	EXCISE EXCESS SKIN FAT PAD	UM Required/Auth List
Reconstructive/Plastic Surger	15839	EXCISE EXCESS SKIN & TISSUE	UM Required/Auth List
Reconstructive/Plastic Surger	15840	NERVE PALSY FASCIAL GRAFT	UM Required/Auth List
Reconstructive/Plastic Surger	15841	NERVE PALSY MUSCLE GRAFT	UM Required/Auth List
Reconstructive/Plastic Surger	15842	NERVE PALSY MICROSURG GRAFT	UM Required/Auth List
Reconstructive/Plastic Surger	15845	SKIN AND MUSCLE REPAIR FACE	UM Required/Auth List
Reconstructive/Plastic Surger	15847	EXC SKIN ABD ADD-ON	UM Required/Auth List
Reconstructive/Plastic Surger	15876	SUCTION LIPECTOMY HEAD&NECK	UM Required/Auth List
Reconstructive/Plastic Surger	15877	SUCTION LIPECTOMY TRUNK	UM Required/Auth List
Reconstructive/Plastic Surger	15878	SUCTION LIPECTOMY UPR EXTREM	UM Required/Auth List
Reconstructive/Plastic Surger	15879	SUCTION LIPECTOMY LWR EXTREM	UM Required/Auth List
Reconstructive/Plastic Surger	17360	SKIN PEEL THERAPY	UM Required/Auth List
Reconstructive/Plastic Surger	17380	HAIR REMOVAL BY ELECTROLYSIS	UM Required/Auth List
Reconstructive/Plastic Surger	19316	SUSPENSION OF BREAST	UM Required/Auth List
Reconstructive/Plastic Surger	19318	REDUCTION OF LARGE BREAST	UM Required/Auth List
Reconstructive/Plastic Surger	19324	ENLARGE BREAST	UM Required/Auth List
Reconstructive/Plastic Surger	19325	ENLARGE BREAST WITH IMPLANT	UM Required/Auth List
Reconstructive/Plastic Surger	19328	REMOVAL OF BREAST IMPLANT	UM Required/Auth List
Reconstructive/Plastic Surger	19330	REMOVAL OF IMPLANT MATERIAL	UM Required/Auth List

Reconstructive/Plastic Surger	19355	CORRECT INVERTED NIPPLE(S)	UM Required/Auth List
Reconstructive/Plastic Surger	19370	SURGERY OF BREAST CAPSULE	UM Required/Auth List
Reconstructive/Plastic Surger	19371	REMOVAL OF BREAST CAPSULE	UM Required/Auth List
Reconstructive/Plastic Surger	19380	REVISE BREAST RECONSTRUCTION	UM Required/Auth List
Reconstructive/Plastic Surger	19396	DESIGN CUSTOM BREAST IMPLANT	UM Required/Auth List
Reconstructive/Plastic Surger	21235	EAR CARTILAGE GRAFT	UM Required/Auth List
Reconstructive/Plastic Surger	21740	RECONSTRUCTION OF STERNUM	UM Required/Auth List
Reconstructive/Plastic Surger	21742	REPAIR STERN/NUSS W/O SCOPE	UM Required/Auth List
Reconstructive/Plastic Surger	30400	RECONSTRUCTION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	30410	RECONSTRUCTION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	30420	RECONSTRUCTION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	30430	REVISION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	30435	REVISION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	30450	REVISION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	30460	REVISION OF NOSE	UM Required/Auth List
Reconstructive/Plastic Surger	36468	NJX SCLRSNT SPIDER VEINS	UM Required/Auth List
Reconstructive/Plastic Surger	36470	NJX SCLRSNT 1 INCMPTNT VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	36471	NJX SCLRSNT MLT INCMPTNT VN	UM Required/Auth List
Reconstructive/Plastic Surger	36478	ENDOVENOUS LASER 1ST VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	37500	ENDOSCOPY LIGATE PERF VEINS	UM Required/Auth List
Reconstructive/Plastic Surger	37501	VASCULAR ENDOSCOPY PROCEDURE	UM Required/Auth List
Reconstructive/Plastic Surger	37700	REVISE LEG VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	37718	LIGATE/STRIP SHORT LEG VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	37722	LIGATE/STRIP LONG LEG VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	37735	REMOVAL OF LEG VEINS/LESION	UM Required/Auth List
Reconstructive/Plastic Surger	37760	LIGATE LEG VEINS RADICAL	UM Required/Auth List
Reconstructive/Plastic Surger	37761	LIGATE LEG VEINS OPEN	UM Required/Auth List
Reconstructive/Plastic Surger	37765	STAB PHLEB VEINS XTR 10-20	UM Required/Auth List
Reconstructive/Plastic Surger	37766	PHLEB VEINS - EXTREM 20+	UM Required/Auth List
Reconstructive/Plastic Surger	37780	REVISION OF LEG VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	37785	LIGATE/DIVIDE/EXCISE VEIN	UM Required/Auth List
Reconstructive/Plastic Surger	67900	REPAIR BROW DEFECT	UM Required/Auth List
Reconstructive/Plastic Surger	69300	REVISE EXTERNAL EAR	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92507	SPEECH/HEARING THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92508	SPEECH/HEARING THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92521	EVALUATION OF SPEECH FLUENCY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92522	EVALUATE SPEECH PRODUCTION	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92523	SPEECH SOUND LANG COMPREHEN	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92524	BEHAVRAL QUALIT ANALYS VOICE	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92526	ORAL FUNCTION THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	92610	EVALUATE SWALLOWING FUNCTION	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97012	MECHANICAL TRACTION THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97014	ELECTRIC STIMULATION THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97016	VASOPNEUMATIC DEVICE THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97018	PARAFFIN BATH THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97022	WHIRLPOOL THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97024	DIATHERMY EG MICROWAVE	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97026	INFRARED THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97028	ULTRAVIOLET THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97032	ELECTRICAL STIMULATION	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97033	ELECTRIC CURRENT THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97034	CONTRAST BATH THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97035	ULTRASOUND THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97036	HYDROTHERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97110	THERAPEUTIC EXERCISES	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97112	NEUROMUSCULAR REEDUCATION	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97113	AQUATIC THERAPY/EXERCISES	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97116	GAIT TRAINING THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97124	MASSAGE THERAPY	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97140	MANUAL THERAPY 1/> REGIONS	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97150	GROUP THERAPEUTIC PROCEDURES	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97530	THERAPEUTIC ACTIVITIES	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97535	SELF CARE MNGMENT TRAINING	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97537	COMMUNITY/WORK REINTEGRATION	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97542	WHEELCHAIR MNGMENT TRAINING	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97750	PHYSICAL PERFORMANCE TEST	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97760	ORTHOTIC MGMT&TRAING 1ST ENC	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97761	PROSTHETIC TRAING 1ST ENC	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97762	C/O FOR ORTHOTIC/PROSTH USE	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97763	ORTHC/PROSTC MGMT SBSQ ENC	UM Required/Auth List - No Auth Required for ECI provider member < 3
Rehabilitative/Habilitative Ser	97799	PHYSICAL MEDICINE PROCEDURE	UM Required/Auth List - No Auth Required for ECI provider member < 3
SPECT Scans	78071	PARATHYRD PLANAR W/WO SUBTRJ	UM Required/Auth List
SPECT Scans	78072	PARATHYRD PLANAR W/SPECT&CT	UM Required/Auth List
SPECT Scans	78205	LIVER IMAGING (3D)	UM Required/Auth List
SPECT Scans	78320	BONE IMAGING (3D)	UM Required/Auth List

SPECT Scans	78451	HT MUSCLE IMAGE SPECT SING	UM Required/Auth List
SPECT Scans	78452	HT MUSCLE IMAGE SPECT MULT	UM Required/Auth List
SPECT Scans	78453	HT MUSCLE IMAGE PLANAR SING	UM Required/Auth List
SPECT Scans	78454	HT MUSC IMAGE PLANAR MULT	UM Required/Auth List
SPECT Scans	78469	HEART INFARCT IMAGE (3D)	UM Required/Auth List
SPECT Scans	78494	HEART IMAGE SPECT	UM Required/Auth List
SPECT Scans	78607	BRAIN IMAGING (3D)	UM Required/Auth List
SPECT Scans	78647	CEREBROSPINAL FLUID SCAN	UM Required/Auth List
SPECT Scans	78710	KIDNEY IMAGING (3D)	UM Required/Auth List
SPECT Scans	78803	RP LOCLZJ TUM SPECT 1 AREA	UM Required/Auth List
SPECT Scans	78807	NUCLEAR LOCALIZATION/ABSCESS	UM Required/Auth List
SPECT Scans	78830	RP LOCLZJ TUM SPECT W/CT 1	UM Required/Auth List
Stress Echocardiography	93010	ELECTROCARDIOGRAM REPORT	UM Required/Auth List
Stress Echocardiography	93303	ECHO TRANSTHORACIC	UM Required/Auth List
Stress Echocardiography	93304	ECHO TRANSTHORACIC	UM Required/Auth List
Stress Echocardiography	93306	TTE W/DOPPLER COMPLETE	UM Required/Auth List
Stress Echocardiography	93307	TTE W/O DOPPLER COMPLETE	UM Required/Auth List
Stress Echocardiography	93308	TTE F-UP OR LMTD	UM Required/Auth List
Stress Echocardiography	93312	ECHO TRANSESOPHAGEAL	UM Required/Auth List
Stress Echocardiography	93313	ECHO TRANSESOPHAGEAL	UM Required/Auth List
Stress Echocardiography	93314	ECHO TRANSESOPHAGEAL	UM Required/Auth List
Stress Echocardiography	93315	ECHO TRANSESOPHAGEAL	UM Required/Auth List
Stress Echocardiography	93316	ECHO TRANSESOPHAGEAL	UM Required/Auth List
Stress Echocardiography	93317	ECHO TRANSESOPHAGEAL	UM Required/Auth List
Stress Echocardiography	93318	ECHO TRANSESOPHAGEAL INTRAOP	UM Required/Auth List
Stress Echocardiography	93350	STRESS TTE ONLY	UM Required/Auth List
Stress Echocardiography	93351	STRESS TTE COMPLETE	UM Required/Auth List
Stress Echocardiography	93352	ADMIN ECG CONTRAST AGENT	UM Required/Auth List
Stress Echocardiography	93355	ECHO TRANSESOPHAGEAL (TEE)	UM Required/Auth List
Stress Echocardiography	93662	INTRACARDIAC ECG (ICE)	UM Required/Auth List
Ultrasounds (> 2 per pregnanc	76801	OB US < 14 WKS SINGLE FETUS	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76802	OB US < 14 WKS ADDL FETUS	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76805	OB US >= 14 WKS SNGL FETUS	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76810	OB US >= 14 WKS ADDL FETUS	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76813	OB US NUCHAL MEAS 1 GEST	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76814	OB US NUCHAL MEAS ADD-ON	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76815	OB US LIMITED FETUS(S)	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76816	OB US FOLLOW-UP PER FETUS	> 2 Visits Auth required except MFM'S
Ultrasounds (> 2 per pregnanc	76817	TRANSVAGINAL US OBSTETRIC	> 2 Visits Auth required except MFM'S
Umbilial Hernia Surgery (if < 5	49580	RPR UMBIL HERN REDUC < 5 YR	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49582	RPR UMBIL HERN BLOCK < 5 YR	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49600	REPAIR UMBILICAL LESION	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49605	REPAIR UMBILICAL LESION	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49606	REPAIR UMBILICAL LESION	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49610	REPAIR UMBILICAL LESION	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49611	REPAIR UMBILICAL LESION	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49650	LAP ING HERNIA REPAIR INIT	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49651	LAP ING HERNIA REPAIR RECUR	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49652	LAP VENT/ABD HERNIA REPAIR	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49653	LAP VENT/ABD HERN PROC COMP	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49654	LAP INC HERNIA REPAIR	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49655	LAP INC HERN REPAIR COMP	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49656	LAP INC HERNIA REPAIR RECUR	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49657	LAP INC HERN RECUR COMP	UM Required/Auth List
Umbilial Hernia Surgery (if < 5	49659	LAPARO PROC HERNIA REPAIR	UM Required/Auth List
Wound Care Services	97597	RMVL DEVITAL TIS 20 CM/<	UM Required/Auth List
Wound Care Services	97598	RMVL DEVITAL TIS ADDL 20CM/<	UM Required/Auth List
Wound Care Services	97602	WOUND(S) CARE NON-SELECTIVE	UM Required/Auth List
Wound Care Services	97605	NEG PRESS WOUND TX </=50 CM	UM Required/Auth List
Wound Care Services	97606	NEG PRESS WOUND TX >50 CM	UM Required/Auth List
Wound Care Services	97607	NEG PRESS WND TX </=50 SQ CM	UM Required/Auth List
Wound Care Services	97608	NEG PRESS WOUND TX >50 CM	UM Required/Auth List
Wound Care Services	97610	LOW FREQUENCY NON-THERMAL US	UM Required/Auth List