

## MSBCBS Prior Authorization List: Codes to be Deleted 9/27/10

|    |       |  |
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| 1  | 15731 | FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP)   |
| 2  | 19105 | ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA  |
| 3  | 20985 | COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   |
| 4  | 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL  |
| 5  | 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)   |
| 6  | 21137 | REDUCTION FOREHEAD; CONTOURING ONLY  |
| 7  | 21138 | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)   |
| 8  | 21139 | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL  |
| 9  | 21210 | GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)   |
| 10 | 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)   |
| 11 | 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)  |
| 12 | 21740 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN   |
| 13 | 21742 | RECONSTRUCTION REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY   |
| 14 | 21743 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY  |
| 15 | 28890 | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASOUND GUIDANCE, INVOLVING THE PLANTAR FASCIA   |
| 16 | 30220 | INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)  |
| 17 | 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY  |
| 18 | 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES  |
| 19 | 30620 | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)  |
| 20 | 31595 | SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL  |
| 21 | 31830 | REVISION OF TRACHEOSTOMY SCAR  |
| 22 | 32855 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ATRIAL CUFF, PULMONARY ARTERY, AND BRONCHUS; UNILATERAL |
| 23 | 32856 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ARTRIAL CUFF, PULMONARY ARTERY, AND BRONCHUS; BILATERAL |
| 24 | 33254 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)   |
| 25 | 33255 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT CARDIOPULMONARY BYPASS  |
| 26 | 33256 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITH CARDIOPULMONARY BYPASS   |
| 27 | 33257 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (E.G., MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                              |

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| 28 | 33258 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (E.G., MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                         |
| 29 | 33259 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (E.G., MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                            |
| 30 | 33265 | ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,(EG, MODIFIED MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS   |
| 31 | 33266 | ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS   |
| 32 | 33933 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR VENA CAVA, AND TRACHEA FOR IMPLANTATION            |
| 33 | 33944 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF THE ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR VENA CAVA, PULMONARY ARTERY, AND LEFT ATRIUM FOR IM |
| 34 | 37185 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT, INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S); SECOND AND ALL SUBSEQUENT VESSEL(S) WITHIN THE SAME V  |
| 35 | 37186 | SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNARE BASKET, SUCTION TECHNIQUE), NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT, INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS, PRO  |
| 36 | 37204 | TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD, NON- CENTRAL NERVOUS SYSTEM, NON-HEAD OR NECK  |
| 37 | 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT  |
| 38 | 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL  |
| 39 | 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE  |
| 40 | 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES  |
| 41 | 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE  |
| 42 | 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE  |
| 43 | 40806 | INCISION OF LABIAL FRENUM (FRENOTOMY) (USE D7960)  |
| 44 | 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  |
| 45 | 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)  |
| 46 | 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CYRO, CHEMICAL)   |
| 47 | 40840 | VESTIBULOPLASTY; ANTERIOR  |
| 48 | 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL   |
| 49 | 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL  |
| 50 | 40844 | VESTIBULOPLASTY; ENTIRE ARCH   |
| 51 | 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)   |
| 52 | 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT  |
| 53 | 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES  |

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| 54 | 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES  |
| 55 | 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES  |
| 56 | 41825 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR   |
| 57 | 41826 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR   |
| 58 | 41827 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR  |
| 59 | 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)   |
| 60 | 41850 | DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES   |
| 61 | 41870 | PERIODONTAL MUCOSAL GRAFTING  |
| 62 | 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY)  |
| 63 | 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)  |
| 64 | 42500 | PLASTIC REPAIR OF SALIVARY DUCT, SALODOCHOPLASTY; PRIMARY OR SIMPLE   |
| 65 | 42505 | PLASTIC REPAIR OF SALIVARY DUCT, SALODOCHOPLASTY; SECONDARY OR COMPLICATED  |
| 66 | 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)   |
| 67 | 43257 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DELIVERY OF THERMAL ENERGY TO THE MUSCLE OF LOWER ESOPHAGEAL SPHINCTER AND/OR GASTRIC CARDIA, FOR TREATMENT OF GASTROESOPHAGEAL REFL   |
| 68 | 43496 | FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS  |
| 69 | 44137 | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE  |
| 70 | 44715 | BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING MOBILIZATION AND FASHIONING OF THE SUPERIOR MESENTERIC ARTERY AND VEIN  |
| 71 | 44720 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH  |
| 72 | 44721 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH  |
| 73 | 47143 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN HEPATIC ARTERY, AND COMMO   |
| 74 | 47144 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMM   |
| 75 | 47145 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMM   |
| 76 | 47146 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH  |
| 77 | 47147 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH  |
| 78 | 48551 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES, SPLENECTOMY, DUODENOTOMY, LIGATION OF BILE DUCT, LIGATION OF MESENTERIC VESSELS, AND Y-GRAFT ARTERY |
| 79 | 48552 | BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH   |
| 80 | 50323 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT, DIAPHRAGMATIC, AND RETROPERITONEAL ATTACHMENTS, EXCISION OF ADRENAL GLAND, AND PREPARATION OF URETER(S), RENAL V   |

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| 81  | 50325 | BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NEC |
| 82  | 50327 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH  |
| 83  | 50328 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH  |
| 84  | 50329 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH  |
| 85  | 54660 | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)   |
| 86  | 55970 | INTERSEX SURGERY; MALE TO FEMALE (SUBMIT REPORT TO JUSTIFY MEDICAL NECESSITY)   |
| 87  | 55980 | INTERSEX SURGERY; FEMALE TO MALE "SUBMIT REPORT TO JUSTIFY MEDICAL NECESSITY."  |
| 88  | 56805 | CLITOROPLASTY FOR INTERSEX STATE  |
| 89  | 57296 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH   |
| 90  | 57335 | VAGINOPLASTY FOR INTERSEX STATE   |
| 91  | 58150 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);  |
| 92  | 58152 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); WITH COLPO-URETHROCYSTOPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH)   |
| 93  | 58180 | SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)   |
| 94  | 58200 | TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)   |
| 95  | 58210 | RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)   |
| 96  | 58240 | PELVIC EXONTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S), WITH REMOVAL OF BLADDER AND URETERAL TRANSPLANTATIONS, AND/OR ABDOMINOPERINEAL RESE |
| 97  | 58260 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;   |
| 98  | 58262 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND OVARY(S)  |
| 99  | 58263 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE  |
| 100 | 58267 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL   |
| 101 | 58270 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF ENTEROCELE   |
| 102 | 58275 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY   |
| 103 | 58280 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE  |
| 104 | 58285 | VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)  |
| 105 | 58290 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;  |
| 106 | 58291 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  |
| 107 | 58292 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE   |

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| 108 | 58293 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITOUT ENDOSCOPIC CONTROL   |
| 109 | 58294 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE  |
| 110 | 58541 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;  |
| 111 | 58542 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  |
| 112 | 58543 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;   |
| 113 | 58544 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)   |
| 114 | 58548 | LAPAROSCOPY SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH REMOVAL OF TUBE(S) AND OVARY(S), IF PERFORMED                     |
| 115 | 58550 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;  |
| 116 | 58552 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  |
| 117 | 58553 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;   |
| 118 | 58554 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)   |
| 119 | 58956 | BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY   |
| 120 | 61640 | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL  |
| 121 | 61641 | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONALVESSEL IN SAME VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   |
| 122 | 61642 | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONALVESSEL IN DIFFERENT VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  |
| 123 | 61850 | TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORTICAL  |
| 124 | 61860 | CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL  |
| 125 | 61880 | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES  |
| 126 | 61888 | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER  |
| 127 | 62148 | INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  |
| 128 | 62287 | DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR (EG, MANUAL OR AUTOMATED PERCUTANEOUS DISCECTOMY, PERCUTANEOUS LASER DISCECTOMY) |
| 129 | 63050 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;  |
| 130 | 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING  |
| 131 | 63688 | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER   |
| 132 | 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING   |
| 133 | 64595 | REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER  |

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|-----|-------|---|
| 134 | 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR  |
| 135 | 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)  |
| 136 | 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)   |
| 137 | 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)  |
| 138 | 65772 | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM  |
| 139 | 65775 | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM  |
| 140 | 65780 | OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION  |
| 141 | 65781 | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)   |
| 142 | 65782 | OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)   |
| 143 | 67027 | IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS   |
| 144 | 67912 | CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)   |
| 145 | 69090 | EAR PIERCING  |
| 146 | 69710 | IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE  |
| 147 | 69711 | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE  |
| 148 | 69717 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY  |
| 149 | 69718 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY   |
| 150 | 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE  |
| 151 | 90291 | CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE  |
| 152 | 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION  |
| 153 | 92973 | PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   |
| 154 | 96567 | PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA (EG, LIP) BY ACTIVATION OF PHOTSENSITIVE DRUGS(S), EACH PHOTOTHERAPY EXPOSURE SESSION                              |
| 155 | 96570 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTSENSITIVE DRUG(S); FIRST 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND ESOPHAGUS)          |
| 156 | 96571 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTSENSITIVE DRUG(S); EACH ADDITIONAL 15 MINUTES(LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND ESOPHAGUS) |
| 157 | 97760 | ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES  |
| 158 | 97761 | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES   |
| 159 | 99500 | HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE MONITORING, AND GESTATIONAL DIABETES MONITORING   |
| 160 | 99501 | HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW UP CARE  |

## MSBCBS Prior Authorization List: Codes to be Deleted 9/27/10

|     |       |   |
|-----|-------|---|
| 161 | 99502 | HOME VISIT FOR NEWBORN CARE AND ASSESSMENT  |
| 162 | 99503 | HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT, APNEA EVALUATION)  |
| 163 | 99504 | HOME VISIT FOR MECHANICAL VENTILATION CARE  |
| 164 | 99505 | HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY  |
| 165 | 99506 | HOME VISIT FOR INTRAMUSCULAR INJECTIONS   |
| 166 | 99507 | HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND ENTERAL)   |
| 167 | 99509 | HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE   |
| 168 | 99510 | HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING   |
| 169 | 99511 | HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION  |
| 170 | 99512 | HOME VISIT FOR HEMODIALYSIS   |
| 171 | 99602 | HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   |
| 172 | 0019T | EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, LOW ENERGY   |
| 173 | 0155T | LAPAROSCOPY, SURGICAL, IMPLANTATION OR REPLACEMENT OF GASTRIC STIMULATION ELECTRODES, LESSER CURVATURE (IE, MORBID OBESITY)   |
| 174 | 0156T | LAPAROSCOPY, SURGICAL, REVISION OR REMOVAL OF GASTRIC STIMULATION ELECTRODES, LESSER CURVATURE (IE, MORBID OBESITY)   |
| 175 | 0157T | LAPAROTOMY, IMPLANTATION OR REPLACEMENT OF GASTRIC STIMULATION ELECTRODES, LESSER CURVATURE (IE, MORBID OBESITY)  |
| 176 | 0158T | LAPAROTOMY, REVISION OR REMOVAL OF GASTRIC STIMULATION ELECTRODES, LESSER CURVATURE (IE, MORBID OBESITY)  |
| 177 | 0159T | COMPUTER AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, BREAST MRI |
| 178 | 0160T | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT PLANNING   |
| 179 | 0161T | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT DELIVERY AND MANAGEMENT, PER SESSION   |
| 180 | G0151 | SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES  |
| 181 | G0152 | SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING; EACH 15 MINUTES  |
| 182 | G0153 | SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES   |
| 183 | G0154 | SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES   |
| 184 | G0155 | SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES  |
| 185 | G0156 | SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES  |
| 186 | G0237 | THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)  |
| 187 | G0238 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)   |
| 188 | G0239 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)  |
| 189 | G0293 | NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR SPINAL ANESTHESIA IN A MEDICARE QUALIFYING CLINICAL TRIAL, PER DAY  |
| 190 | G0294 | NONCOVERED SURGICAL PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN A MEDICARE QUALIFYING CLINICAL TRIAL, PER DAY  |
| 191 | G9041 | LOW VISION REHABILITATION SERVICES, QUALIFIED OCCUPATIONAL THERAPIST, DIRECT FACE-TO-FACE, ONE-ON-ONE, EACH 15 MINUTES  |

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|     |       |   |
|-----|-------|---|
| 192 | G9042 | LOW VISION REHABILITATION SERVICES, CERTIFIED ORIENTATION AND MOBILITY SPECIALIST, DIRECT FACE-TO-FACE, ONE-ON-ONE, EACH 15 MINUTES   |
| 193 | G9043 | LOW VISION REHABILITATION SERVICES, CERTIFIED LOW VISION THERAPIST, DIRECT FACE-TO-FACE, ONE-ON-ONE, EACH 15 MINUTES  |
| 194 | G9044 | LOW VISION REHABILITATION SERVICES, QUALIFIED REHABILITATION TEACHER, DIRECT FACE-TO-FACE, ONE-ON-ONE, EACH 15 MINUTES  |
| 195 | H0050 | ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES  |
| 196 | J0850 | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL  |
| 197 | J1438 | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)   |
| 198 | J1950 | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG   |
| 199 | J2170 | INJECTION, MECASERMIN, 1 MG   |
| 200 | J3487 | INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG   |
| 201 | J9217 | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5mg  |
| 202 | J9219 | LEUPROLIDE ACETATE IMPLANT, 65 MG   |
| 203 | Q1003 | NITROL CATEGORY 3 – NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3 AS DEFINED INFEDERAL REGISTER NOTICE, VOL. 71, DATED JANUARY 27, 2006  |
| 204 | Q5001 | HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE   |
| 205 | Q5002 | HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY   |
| 206 | Q5003 | HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)   |
| 207 | Q5004 | HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)   |
| 208 | Q5005 | HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL   |
| 209 | Q5006 | HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY   |
| 210 | Q5007 | HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY  |
| 211 | Q5008 | HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY   |
| 212 | Q5009 | HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)  |
| 213 | S0395 | Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic  |
| 214 | S0800 | LASER IN-SITU KERATOMILEIUSIS   |
| 215 | S2083 | ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE  |
| 216 | S2325 | HIP CORE DECOMPRESSION  |
| 217 | S2348 | DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE  |
| 218 | S8092 | ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)   |
| 219 | S8940 | EQUESTRIAN/HIPPOTHERAPY, PER SESSION  |
| 220 | S8948 | APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS;LOW-LEVEL LASER; EACH 15 MINUTES  |
| 221 | S9061 | HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G. PENTAMINIDINE) ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES CARE COORKINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM |
| 222 | S9098 | HOME VISIT, PHOTOTHERAPY SERVICES (E.G. BILILIGHT ), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM   |
| 223 | S9109 | CONGESTIVE HEART FAILURE TELEMONITORING, EQUIPMENT RENTAL, INCLUDING TELESCALE, COMPUTER SYSTEM AND SOFTWARE, TELEPHONE CONNECTIONS, AND MAINTENANCE, PER MONTH.  |
| 224 | S9122 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR   |
| 225 | S9125 | RESPIRE CARE, IN THE HOME, PER DIEM   |
| 226 | S9126 | HOSPICE CARE, IN THE HOME, PER DIEM   |



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|     |       |   |
|-----|-------|---|
| 227 | S9127 | SOCIAL WORK VISIT, IN THE HOME, PER DIEM  |
| 228 | S9433 | MEDICAL FOOD, NUTRITIONALLY COMPLETE, PROVIDING 100 PERCENT OF NUTRITIONAL INTAKE                                 |
| 229 | S9435 | MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM   |
| 230 | S9452 | NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  |
| 231 | S9472 | CARDIAC REHABILITATION PROGRAM, NONPHYSICIAN PROVIDER, PER DIEM   |
| 232 | S9473 | PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM  |
| 233 | S9558 | HOME INJECTABLE THERAPY, GROWTH HORMONE, PER DIEM   |
| 234 | S9560 | HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G, LEUPROLIDE, GOSERELIN), PER DIEM                                  |
| 235 | S9986 | NOT MEDICALLY NECESSARY SERVICE (PATIENT IS AWARE THAT SERVICE NOT MEDICALLYNECESSARY)                            |
| 236 | T1021 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT PER VISIT   |
| 237 | T1022 | CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT,PER DAY                              |
| 238 | T1030 | NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM  |
| 239 | T1031 | NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM  |
| 240 | T1502 | ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTHCARE AGENCY/PROFESSIONAL, PER VISIT |
| 241 | T1503 | ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY A HEALTH CAREAGENCY/PROFESSIONAL, PER VISIT   |
| 242 | T5999 | SUPPLY NOT OTHERWISE SPECIFIED  |